

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Burnett  
 or  
 Inc. Town of Richmond  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**69209**

Registration District No. 42902 Registered No. 96  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William H. Hogan

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Christa Blain Hogan</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Huggins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Goldmine, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Goldmine, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>South Carolina</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>	(18) BIRTHPLACE <u>Marion, S.C.</u>		
(13) OCCUPATION <u>ally worker</u>			(19) OCCUPATION <u>housewife</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:36 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Thos. H. Pope

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 1, 1916

(28)

9 L. Bailey  
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.