

(1) PLACE OF BIRTH

County of Augusta
 Township of Old Fort
 or
 Inc. Town of
 or
 City of

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

Registration District No. 1206

No. for State Registrar's Use
17242

Registered No. 67
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edith M. Hanson

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Age of child At birth	7) DATE OF BIRTH <u>Jan 24 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Ernest Hanson</u>			14) NAME BEFORE MARRIAGE <u>Edith M. Hanson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Rockledge</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Rockledge</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>32</u> (Year)			17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>104</u>			21) Number of children of this mother now living, including present birth <u>104</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:19 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. J. Page(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Page & Co.

Given name added from a supplemental report

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

(27) Filed 7/1 1923 (28) W. J. Page 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.

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