

BE CAREFUL WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 E. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia

(1) PLACE OF BIRTH  
 County of Charter  
 Township of Charter

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

File No.—For State Registrar Only

88968

or  
 Inc. Town of ..... Registration District No. 1102 Registered No. ....  
 or ..... (For use of Local Registrar)  
 City of Charleston (No. 11 Block 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 Elzaphan Hanna { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17 1916  
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Hanna  
 (9) PRESENT POSTOFFICE OF FATHER Charter S. C. Charleston  
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 44  
 OR RACE American (Years)  
 (12) BIRTHPLACE Cum Co.  
 (13) OCCUPATION Works in Conf room  
 (20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Leda Robison  
 (15) PRESENT POSTOFFICE OF MOTHER Charter S. C. Charleston  
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 35  
 OR RACE American (Years)  
 (18) BIRTHPLACE Charter County  
 (19) OCCUPATION H. wife  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 M.,  
 on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) H. E. Cornell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charter S. C.

Given name added from a supplemental report

See above 191...  
1/4/17 R. A. P.  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled Dec 2 191... (28) John Hanna 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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