

## (1) PLACE OF BIRTH

County of W. BurgTownship of W. Burgor  
Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54054

Registration District No. 11704 Registered No. 21

(For use of Local Registrar)

## (2) Full Name of Child.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>March 12</u> 191 <u>6</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	------------------------------------	--------------------------------------------------------------------------------

## FATHER.

(8) FULL NAME M. G. Vinley Hanna(9) PRESENT POSTOFFICE OF FATHER Venon S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Florence County(13) OCCUPATION Laborer (Ploughman)(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Eta Anderson(15) PRESENT POSTOFFICE OF MOTHER Venon S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 5 (Years)(18) BIRTHPLACE Smith Mills (W. Burg Co.)(19) OCCUPATION Laborer (Farm work)(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 8:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hemlock S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Apr 10 1916 (28) H. L. Bell 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.

fifth month of pregnancy.

N. 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.

McCr., of Columbia