(1) PLACE OF BIRTH

County of Florence

Township of Pee Dee

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18652

Registration District No. 2013 Registered No. 5
(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 Hannah (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 24 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Rosia L. Hamnah	(14) NAME BEFORE MARRIAGE Mary E. Evans
(9) PRESENT POSTOFFICE OF FATHER Kingsburg SC	(15) PRESENT POSTOFFICE OF MOTHER Kingsburg SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth Three	(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M H Fowler

(24) State whether Physician or Midwife M

(25) Address of Physician or Midwife Pamplico SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 26 1922 (28) M H Fowler
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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McCAW OF COLUMBIA, COLUMBIA, S. C.
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
WHITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.