

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A PERMANENT RECORD.
 N. H.—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 6.

(1) PLACE OF BIRTH

County of Marion
 Township of
 or
 Inc. Town of Hullins
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

78127

Registration District No. 3.2.B Registered No. 1.2.6
 (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 Adda May Hannah If child is not yet named, make supplemental report as directed

(3) ☒ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 15, 1916
 (Named Yes) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Gabriel Hannah</u>	(14) NAME BEFORE MARRIAGE <u>Iida Bottom</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>Johnsville, S.C.</u>	(18) OCCUPATION <u>Day Laborer</u>	(19) BIRTHPLACE <u>Georgetown, S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.

(24) (Signature) Annie X Bottom (25) State whether Physician or Midwife
midwife (26) Address of Physician or Midwife
Hullins, S.C.

Given name added from a supplemental report
 (27) Witnesses H. H. Hagan
 (28) Date Sept. 18, 1916 (29) Local Registrar H. H. Hagan

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