

FRAGE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health



70493-a

City of Greenville or Town of Greenville Registration District No. 1 Registered No. 70493-a
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Hanna If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 2 1923
(Name of Month) (Day) (Year)

FATHER

FULL NAME Bert Hanna

PRESENT POSTOFFICE OF FATHER Hempstead

COLOR W (11) AGE AT LAST BIRTHDAY 28
OR RACE (Years)

BIRTHPLACE SC

OCCUPATION Garman

Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Hester Poston

(15) PRESENT POSTOFFICE OF MOTHER Hempstead SC

(16) COLOR W (17) AGE AT LAST BIRTHDAY 21
OR RACE (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Atkins

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Johns Creek SC

Is name added from a supplemental report

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

(27) Filed Apr 8 1923 (28) A. C. Daniel Local Registrar

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