

FORM NO. 1.

## (1) PLACE OF BIRTH

County of DouglasTownship of Clydeor  
Inc. Town of .....

City of .....

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

(2) Full Name of Child Harley Redin Hance(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1916 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Newby H. Hance

(9) PRESENT POSTOFFICE OF FATHER McBee St. A.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Lumberman

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. Hance

(15) PRESENT POSTOFFICE OF MOTHER McBee

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Harley Redin Hance(24) State whether Physician or Midwife (25) Address of Physician or Midwife McBee St. A.

Given name added from a supplemental report

June 19 1916McBee St. A.

Registrar

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

(27) Filed May 15 1916 (28) H. H. Hance 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WHITE PLAIN, WITH UNFADING INK.—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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48828

Registration District No. 215 Registered No. 2 (For use of Local Registrar)