

(1) PLACE OF BIRTH

County of

Township of

OF Town of

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 Register Only

2867

Registration District No. 400

Registered No. 19

(For use of Local Registrar)

2) Full Name of Child Isaac Hanken

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

(1) SEX OF CHILD Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 2 1923 (Name of Month) (Day) (Year)(6) FULL NAME Guas Hanken FATHER.(7) PRESENT POSTOFFICE OF FATHER Col(8) COLOR OR RACE Col (9) AGE AT LAST BIRTHDAY 23 (Years)

(10) BIRTHPLACE

(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 7(13) NAME BEFORE MARRIAGE Ida Woody MOTHER.

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE Or (16) AGE AT LAST BIRTHDAY 28 (Years)

(17) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A. M. or P. M.) on the date above stated.(21) (Signature) Ida Hanken (22) Address of Physician or Midwife Demerol

Given name added from a supplemental report

When there was no other report of a child born—