

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of Charlestonor  
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 Rogael Hane { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Rogael Hane(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Darlington Co.(13) OCCUPATION Telegraph Operator(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Dee Ginnis(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Augusta, Ga.(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theresa Williams(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

Apr 8 - 1916Theresa Williams, Jr.  
Registrar(26) Witness Theresa Williams  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 6 1916 (28) Theresa Williams  
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.

WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. D.—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.

SALE OF COLUMBIA

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51680

Registration District No. 12A Registered No. 20

(For use of Local Registrar)