

1) PLACE OF BIRTH

County of Saluda
Township of Rt. 1

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

15700

City of Registration District No. 3900B Registered No. 13
(For use of Local Registrar)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

BOY OR GIRL Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Feb 10 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Earnest DannerPRESENT POSTOFFICE OF FATHER Lumberville SCCOLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE SC.OCCUPATION Farm LaborerNumber of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cor Lee Hanner(15) PRESENT POSTOFFICE OF MOTHER Lumberville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE SC.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was alive, at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. W. Hanner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lumberville SC.

Name added from a supplemental report

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

(27) Filed June 1, 1923 (28) R. C. Langston 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.

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