

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Shiloh*

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

92012

Registration District No. *4107*

Registered No. *125*

(For use of Local Registrar)

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

(2) Full Name of Child *Paul Daru Hanah*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? *-*

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Dec. 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul Hanah

(9) PRESENT POSTOFFICE OF FATHER

Montau S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Williamsburg Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah McCray

(15) PRESENT POSTOFFICE OF MOTHER

Montau S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Housewife

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

3

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Allace M. Calver*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Lynchburg S.C.

(26) Witness

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

(27) Filed *12-25 1916*

(28) *S. B. M. Calver*

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.

fifth month of pregnancy.

RECEIVED IN THE OFFICE OF THE REGISTRAR OF BIRTHS, DEPARTMENT OF HEALTH, STATE OF SOUTH CAROLINA, ON DECEMBER 25, 1916, AT 10:25 A.M.