

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Registrar Only

92012

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Paul Gore 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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 12 1916

(Year)

FATHER.

(8) FULL NAME

Paul Hanah

(9) PRESENT POSTOFFICE OF FATHER

Hanta 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 Mcray

(15) PRESENT POSTOFFICE OF MOTHER

Hanta S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housekeeper

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

3

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at _____ at _____ 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

Midwife

(25) Address of Physician or Midwife

Lynchburg S.C.

Given name added from a supplemental report

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Registrar

(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.

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