

DEPARTMENT OF HEALTH, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3547

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston (No. St.; Ward)

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

Registration District No. 1.5.6 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Reuby Lee Hanna

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

(3) BOY OR GIRL girl

(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Feb 4 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Linn H. Hanna

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Kingstree S.C.

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Siena Vaughn

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Domestic

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

3

(21) 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 at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna M. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 18 1923

(28) E. O. Farley

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.