

1. PLACE OF BIRTH

County of Berkeley
 Township of 2nd Good Creek
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 701

FILE No.—For State Registrar Only

44412

Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

2. Full Name of Child

William Henry Hangerfield

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

6. Are Parents Married?

Yes

7. DATE OF BIRTH

Dec 9 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

William B Hangerfield

9. PRESENT POSTOFFICE OF FATHER

Summersville

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

34 (Years)

12. BIRTHPLACE

Berkeley Co

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

5

MOTHER

14. NAME BEFORE MARRIAGE

Helena M. Hanger

15. PRESENT POSTOFFICE OF MOTHER

Summersville

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

31 (Years)

18. BIRTHPLACE

Berkeley County

19. OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

L. J. M. J. J.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Summersville S.C.

26. Witness

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

27. Filed

Dec 20 1923

28.

W. J. J.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—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.

LAST NAME & PRINTING OF