

## (1) PLACE OF BIRTH

County of LanternTownship of Lantern

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

43307

Registration District No. 1904Registered No. 151  
(For use of Local Registrar)(2) Full Name of Child Paul Hanna

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Hanna(9) PRESENT POSTOFFICE OF FATHER Lantern City(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Casey(15) PRESENT POSTOFFICE OF MOTHER Lantern City(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE Spartanburg Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter R. Walker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lantern Co

Given name added from a supplemental report

191....

Registrar

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

(27) File Dec 27 191.... (28) W. R. Walker 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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