

(1) PLACE OF BIRTH

County of Greenwood

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.)
(No. 2306 Registered No. 83)
(For use of Local Registrar)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
64644

(2) Full Name of Child Joe Jefferson Hannon

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

(3) BOY Boys
GIRL Girls

(4) Twin June
or Triplet 2

(5) Number in order of birth 7
to be covered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jiff Rodolphus Hannon

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.P.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Greenville S.P.

(13) OCCUPATION Hareman Brick Plant

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Alberta Douglas

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.P.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Wadestara N.P.

(19) OCCUPATION Domestic

(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 Chas at 8 A M. on the date above stated. (Hour A. M. or P. M.)

June one (23) (Signature) J.P. Tucker, M.D.
and dead (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Greenwood S.P.

Given name added from a supplemental report

(26) Witness J.P. Tucker
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10 1916 (28) L.R. Brooks
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.
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.

WHEN FATHER, MOTHER OR CHILD IS DEAF OR MUTE, WRITE IN THESE SPACES IN FULL CAPITAL LETTERS. WHEN FATHER, MOTHER OR CHILD IS BLIND, WRITE IN THESE SPACES IN FULL CAPITAL LETTERS. THIS IS A PERMANENT RECORD. 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.