

(1) PLACE OF BIRTH

County of RichlandTownship of Lowen

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

Registration District No. 2803

File No.—For State Registrar Only

5604

Registered No. 43
(For use of Local Registrar)(2) Full Name of Child William Sanders Hogan Jr If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 31 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Sanders Hogan Sr(9) PRESENT POSTOFFICE OF FATHER Congaree S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 19 yrs.
(Years)(12) BIRTHPLACE Richland Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth (1) One

MOTHER.

(14) NAME BEFORE MARRIAGE Arne Rawhinson(15) PRESENT POSTOFFICE OF MOTHER Congaree S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19 yrs.
(Years)(18) BIRTHPLACE Richland Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth (1) One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 9:30 P.M. on the date above stated. (Hour of Day or P.M.)(23) (Signature) L.M. Hooton M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

(27) Filed 7/7/22 (28) S. J. Ferguson 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.