

(1) PLACE OF BIRTH

County of *Wayne*Township of *Wayne*or
Inc. Town of *Wayne*or
City of *Wayne*

(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

91902

Registration District No. *4008*Registered No. *759*

(For use of Local Registrar)

(2) Full Name of Child *James Arthur Hannah*

St.; Ward)

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

(3) BOY OR GIRL *B*(4) Twin or Triplet? *1*(5) Number in order of birth *12*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *12 13 1916*

(Name of Month) (Day) (Year)

(2) FULL NAME FATHER *James A. Hannah*(14) NAME BEFORE MARRIAGE MOTHER *Mary Ann Morgan*(9) PRESENT POSTOFFICE OF FATHER *Wayne*(15) PRESENT POSTOFFICE OF MOTHER *Wayne*(10) COLOR OR RACE *W*(16) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *43*(17) AGE AT LAST BIRTHDAY *38*(12) BIRTHPLACE *N.C.*(18) BIRTHPLACE *N.C.*(13) OCCUPATION *Mill work*(19) OCCUPATION *Her*(20) Number of children born to mother, including present birth *Twelve*(21) Number of children of this mother now living, including present birth *Eight*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *Born* at *Wayne* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *William E. Quisenberry*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wayne*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *Dec 18 1916* (28) *E. F. Parker* 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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