

WRITE PLAINLY, WITH UNFADING INK—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 1

(1) PLACE OF BIRTH

County of L.A.W. BENS.
Township of Hunter.
of
Inc. Town of
of
City of Clinton
(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

No. 41284—For State Registrar Only

Registration District No. 29B Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child Ragna Greta Hanback If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Prv</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept-28-1923</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fate Hanback</u>			(14) NAME BEFORE MARRIAGE <u>Azeta Peavy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Clinton, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S.C.</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Gray Court S.C.</u>			(18) BIRTHPLACE <u>Florence Co.</u>	
(13) OCCUPATION <u>mill Operator</u>			(19) OCCUPATION <u>mill Operator</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Bailey
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

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

(27) Signed J. H. Bailey 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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