

Registration Number 12111  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Hagner

Sex Boy Age 1 Date of Birth Jan 10 1921  
Place of Birth South Carolina

FATHER  
Name Jim Hagner  
Address Cherane S.C.  
Occupation Blair  
Residence South Carolina  
Occupation Farmer

MOTHER  
Name Aminie Janice  
Address Cherane S.C.  
Occupation Blair  
Residence South Carolina  
Occupation Housewife

(3) Number of children born to mother 7  
(4) Number of children of the mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was Boy at 2:30 PM on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) Diana Rowan  
(27) State whether Physician or Midwife Midwife (28) Address of Doctor Cherane S.C.

Given name added from a supplementary report  
(29) Witness .....  
(30) Signature of Witness necessary when question is in doubt  
(31) Date Jan 10 1921

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the birth month of the child. If there was no attending physician or midwife, and if a child breathes even once, it must not be reported as stillborn before the birth month of the child.