

(1) PLACE OF BIRTH

County of Florence

Township of Lucas

Inc. Town of _____
or _____

City of _____ (No. _____ St. _____ Ward _____)

(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

17641

Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child William James Hanna

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Age (7) DATE OF BIRTH June 20 23
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Hanna

(14) NAME BEFORE MARRIAGE Emma Caddy

(9) PRESENT POSTOFFICE OF FATHER Lucas

(15) PRESENT POSTOFFICE OF MOTHER Lucas

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Lucas

(18) BIRTHPLACE Lucas

(13) OCCUPATION Farm Laborer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucas Hanna

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hannington

Given name added from a supplemental report

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

(27) Filed 6/23/23 (28) R. H. Carter 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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or only

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(2)

Ward)

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