

PLACE OF BIRTH

County of Williamsburg
 Municipality of London
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

22878

Registration District No. 4311Registered No. 42
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Levis P. Hanna If child is not yet named, make supplemental report as directed

DATE OF BIRTH July 8 1923
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(1) FULL NAME A. P. Hanna (14) NAME BEFORE MARRIAGE Albena J. Hanna

(2) PRESENT POSTOFFICE OF FATHER Kingston (15) PRESENT POSTOFFICE OF MOTHER Kingston

(3) COLOR OR RACE White (16) COLOR OR RACE White

(4) BIRTHPLACE Williamsburg (17) AGE AT LAST BIRTHDAY 10

(5) OCCUPATION Farmer (18) BIRTHPLACE Williamsburg

(6) OCCUPATION Farmer (19) OCCUPATION Housewife

(7) Number of children born to mother, including present birth 1 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) W. B. Hanna M.D. (23) Address of Physician or Midwife

Give name added from a supplemental report

Garnett Scirey
Nov 17 1923
 Registrar

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

(25) Filed Nov 17 1923 (26) W. B. Hanna 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.

(27) Filed Nov 17 1923 (28) W. B. Hanna Local Registrar

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