

(1) PLACE OF BIRTH

County of Marion
 Township of Wahle
 OF
 Inc. Town of
 OF
 City of
 (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

43673

Registration District No. 3207Registered No. 43
(For use of Local Registrar)(2) Full Name of Child Samuel Hogan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Hogan
 (9) PRESENT POSTOFFICE OF FATHER Marion S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE Marion S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Finklea
 (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29
 (Year)
 (18) BIRTHPLACE Marion Co S.C.
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:42 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Emanuel
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 6, 1923 (28) J. L. Dill 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.