

U. S. Dept. of Commerce
Bureau of the Census

16 093610

1. PLACE OF BIRTH

County of Florence

Township of Johnson

or
Inc. Town of Johnsonville

or
City of S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2018

Registered No. _____
(For use of Local Registrar)

FILE No.—For State Registrar Only

00115

2. FULL NAME OF CHILD Preston William Hanna

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature	7. Are Parents Married?	8. Date of birth
				<u>Yes</u>	<u>Yes</u>	<u>June 21, 1916</u> (Month, day, year)

9. Full name <u>Arthur C. HANNA</u>	FATHER	18. Name before marriage <u>Ether Brown</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Johnsonville, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Johnsonville, S.C.</u>
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11. Color or race <u>White</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>34</u> (years)
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13. Birthplace (city or place) (State or country) <u>Johnsonville, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Lake City, S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk in</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Grocery Store</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>4</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>13</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation: _____ months _____ weeks

29. Cause of stillbirth: _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6 P. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ m. on above date. (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of)

(Signed) J. L. Crookfield, M. D.

or _____, Midwife

Address Johnsonville, S.C.

Filed Oct 23, 1916 L.A. Riser, M.D.

State Registrar

Local Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)