

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.)

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

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. 00115
(For use of Local Registrar)

16 093610

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 Boy If Plural births 4. Twins, triplets or other 6. Premature Yes 7. Are Parents Yes 8. Date of birth June 21, 1916
(Month, day, year)

9. Full name Arthur C. Hanna FATHER 18. Name before marriage Ether Brown MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Johnsonville, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Johnsonville, S.C.

11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or country) Johnsonville, S.C. 22. Birthplace (city or place) (State or country) Lake City, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Grocery Store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 13

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 0 (c) Stillborn 0

28. If stillborn, period of gestation months 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 6 P. m. on above date. (Name of Prophylactic)

Cleft Palate 0 Hare Lip 0 Other Deformities 0 (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 Thurmond, Midwife

Address Johnsonville, S.C.

Filed Oct 23, 1944 L. A. Riser, M.D. Local Registrar

State Registrar