

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Beaufort  
 Township of Canaan  
 or  
 Inc. Town of.....  
 or  
 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

No. 1a.—For State Registrar Only

8095

Registration District No. 801  
 No. Willie Haynes

Registered No. 15  
 (For use of Local Registrar)

St. .... Ward

(2) Full Name of Child

Harmon Hanes

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

(1) SEX OR NAME <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 6, 1923</u> (Name of Month) (Day) (Year)
(8) FATHER Full Name <u>Angelo Hanes</u> Present Postoffice of Father <u>Hamlet</u>			(9) MOTHER Name before Marriage <u>Isabella Riccio</u> Present Postoffice of Mother <u>Hamlet</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(12) BIRTHPLACE <u>La.</u>	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>31</u> (Year)
(15) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Farmer</u>			
(17) Number of children born to mother, including present birth <u>4</u>			(18) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Carrie H. Hanes  
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name and address from a supplemental report  
See off 28  
6-30-23  
 Registrar

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (25) Filed Feb 13 1923 (26) 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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