

MARGIN RESERVED FOR BINDING.
 WHITE PLAINS. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and under the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. George
 or
 Inc. Town of Charleston S.C.
 or
 City of Charleston S.C.
 (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
3510

Registration District No. 969 Registered No. 38
 (For use of Local Registrar.)
 (No. Hampton Ave. St. Marshall Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Raymond Albert Hahn

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>James Hahn</u>			(9) NAME BEFORE MARRIAGE OF MOTHER <u>Freda South</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(12) COLOR OR RACE OF MOTHER <u>White</u>		
(12) BIRTHPLACE <u>Ferfork Va</u>		(13) BIRTHPLACE OF MOTHER <u>New York</u>		
(13) OCCUPATION <u>Welder</u>		(14) OCCUPATION OF MOTHER <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Bessie S. Sengale
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
17 Inspectors Rd

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed)
John H. Myers

(27) Filed Mar 6 1922 (28) John H. Myers 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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