

1. PLACE OF BIRTH

County of Flamora
 Township of Lake
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

14893-A

Registered No. _____

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward)
 FULL NAME OF CHILD Haves Hanna

Sex or Girl Boy If Plur. births { 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legit. _____
 5. Number, in order of birth _____ Full term yes Date of birth May 17 1922
 (Month, day, year)

FATHER MOTHER
 Full name Edd Hanna Victoria Bytton
 Residence (usual place of abode) (If nonresident, give place and State) Lis SC Lis SC
 Color or race Negro 12. Age at last birthday 23 (Years) 20. Color or race Negro 21. Age at last birthday 20 (Years)

Birthplace (city or place) (State or country) SC SC
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work All Life
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work All Life

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 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 _____ at _____ m. on the date above stated
 (Born alive or stillborn)

(Signed) _____ M. D.
 or _____ Midwife
 Address _____
 (Date of) _____

Registrar.

Filed _____, 19 _____

Registrar.

Witness to mark
 R L Carter