

1. PLACE OF BIRTH

County of Florence
Township of Fake
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)

FULL NAME OF CHILD Haven Hanna
(If birth occurs in a hospital or other institution, give name of same instead of street and number) _____ Ward _____
If child is not yet named, make supplemental report as directed.

Sex Boy Male Female
If Plura births 4. Twin, triplet, or other _____
5. Number, in order of birth _____
5. Premature Full term yes 7. Legit. mate? yes
8. Date of birth May 17 1922
(Month, day, year)

FATHER
9. Full name Edd Hanna
10. Residence (usual place of abode) (If nonresident, give place and State) Tus Or

MOTHER
11. Full maiden name Victoria Dutton
19. Residence (usual place of abode) (If nonresident, give place and State) Tus Or

Color or race Neg 12. Age at last birthday 23 (Years)

20. Color or race Neg 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or country) Or

22. Birthplace (city or place) (State or country) Or

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work All Life 19 _____

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)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____ M. D.
or Heater Crayner Midwife
Address Tus Or

supplemental report _____ (Date of) _____ Registrar _____ Filed _____ 19 _____ Registrar _____

Witness to mark
R L Carter