

(1) PLACE OF BIRTH

County of DouglasTownship of SaleInc. Town of
orCity of (No. St.; Ward)
(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

42394

Registration District No. 2007 Registered No. 162
(For use of Local Registrar)(2) Full Name of Child Cesar Hanna { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesper Hanna(9) PRESENT POSTOFFICE OF FATHER Sale Cig. S.C.(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lumber(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Parson(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. B. W. Courtenay M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/2/23 (28) R. L. Carter
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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