

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror
Inc. Town of Lancasteror
City of Lancaster

(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

6927

Registration District No. 24 Registered No. 24
(For use of Local Registrar)(2) Full Name of Child Peter Hanna (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 24 23
(Name of Month) (Day) (Year)FATHER. (8) FIRST NAME Prince Hanna MOTHER. (14) NAME BEFORE MARRIAGE Minnie Eady(9) PRESENT POSTOFFICE OF FATHER Cades SC (15) PRESENT POSTOFFICE OF MOTHER Cades SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Year) (Year)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION Farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Prince 20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James J. ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness ... (Signature of Witness necessary only when question 22 is signed on page 2)(27) Date 3/31 23 (28) ...