

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Union
 Township of Wagonville
 or
 Inc. Town of
 or
 City of Buffalo

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20385

Registration District No. 42B Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Ruth Helen Hanson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. H. Hanson</u>			(14) NAME BEFORE MARRIAGE <u>William Hanson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Union County S.C.</u>			(18) BIRTHPLACE <u>North Carolina</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hanson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report
 19 .. Registrar
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 9, 1922 (28) Joe H. Woodard 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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MOGAW OF COLUMBIA, COLUMBIA, S. C.