

Form No. 1

## (1) PLACE OF BIRTH

County of LancasterTownship of York

Inc. Town of .....

City of .....

(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

41216

Registration District No. 7894Registered No. 195

(For use of Local Registrar)

## (2) Full Name of Child

Hance

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Triplet To be answered only in event of Triplet or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W. J. Hance</u>			(14) NAME BEFORE MARRIAGE <u>Henrik Hinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster S. C. R. 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S. C. R. 2</u>	
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>Lancaster Co. S. C.</u>			(16) COLOR OR RACE <u>white</u>	
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(18) BIRTHPLACE <u>Lancaster Co. S. C.</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Hance(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 2 1924 at Lancaster

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired at any time before the fifth month of pregnancy.

WRITE PLAINLY. WITH EXAMING INSTRUCTIONS. USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
N. B.—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 1.

Bureau of Statistics, Columbia, S. C.