

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

or 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

44880

Registration District No. 4.253

Registered No. 48 (For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child. See Hancock

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 23 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hampton Hancock

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Ok (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Sims

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Ok (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) (24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 1915 (28) 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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