

(1) PLACE OF BIRTH

County of Darke

Township of Engels

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.)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 10, 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas F. Hancock

(9) PRESENT POSTOFFICE OF FATHER Madison S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Ninth

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Ella Cleveland

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3:30 AM.
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. T. Simpson M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 11, 1922 (28) J. L. D. S. S. S.
Registrar 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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