

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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
Township of Williston  
or  
Inc. Town of Williston  
or  
City of Williston

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

File No.—For State Registrar Only  
**63174**

Registration District No. 573 Registered No. ....  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

No Name

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 14 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Cesar Hankinson  
(9) PRESENT POSTOFFICE OF FATHER Williston  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40  
(12) BIRTHPLACE Barnwell Co  
(13) OCCUPATION Farmer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ellis Leonard  
(15) PRESENT POSTOFFICE OF MOTHER Williston  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33  
(18) BIRTHPLACE Barnwell Co  
(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 14

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Smith  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

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

19 .. Registrar (27) Filed 19 .. (28) J. Smith 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.