

THIS IS A PERMANENT RECORD
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Columbia
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.) (No. 24-03 West St. Kirkland Ward)

(2) Full Name of Child infant Hankinson

File No. — For State Registrar Only
16456

Registration District No. 38 Registered No. 1361
(For use of Local Registrar)

(3) BOY OR GIRL?

girl
Twin or Triplet?

(5) Number in order of birth 2
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hankinson

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Barnwell county

(13) OCCUPATION Labor

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Croffort

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 20-4
(Years)

(18) BIRTHPLACE Barnwell county

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Murphy

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bridge road

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/22/22 1922 (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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