

MARGIN RESERVED FOR BINDING.

WRITE 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Darrell*
Township of *allendale*
or
Inc. Town of
or
City of

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

Registration District No. *500*

File No.—For State Registrar Only
88421

Registered No. *172*
(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 *Willie Hankerson*

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

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *no* (7) DATE OF BIRTH *Dec 23, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Don't know*
(9) PRESENT POSTOFFICE OF FATHER " "
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE
(13) OCCUPATION

(20) Number of children born to mother, including present birth *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Vida Hankerson*
(15) PRESENT POSTOFFICE OF MOTHER *allendale sc*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY..... *20* (Years)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *farm laborer*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 a.m.* on the date above stated. (Was alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Lizzie Glover*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife mark allendale sc.*

Given name added from a supplemental report

(26) Witness *F. H. Boyd*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec 26, 1916* (28) *F. H. Boyd, M.D.*
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.