

Form No. 1

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of Cherry

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41624

Registration District No. 1201Registered No. 66

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number. St.; ..... Ward)

(2) Full Name of Child Charles J. Hancock

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  
To be answered only in event of Twins or Triplets6) Are Parents Married? Yes7) DATE OF BIRTH June 10, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Leviette Hancock9) PRESENT POSTOFFICE OF FATHER Cherry SC10) COLOR OR RACE W11) AGE AT LAST BIRTHDAY 20  
(Years)12) BIRTHPLACE SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 5

## MOTHER.

14) NAME BEFORE MARRIAGE Rebecca Ford15) PRESENT POSTOFFICE OF MOTHER Cherry SC16) COLOR OR RACE W17) AGE AT LAST BIRTHDAY 26  
(Years)18) BIRTHPLACE SC19) OCCUPATION Housekeeper21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lillie Hancock(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cherry SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 10, 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.

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.  
COLUMBIA, COLUMBIA, S. C.