

MARGIN RESERVED FOR BUNDLING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Christ Church
 Township of Christ Church
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

785

Registration District No., 20th. Registered No., 5
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1922</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>B J Hancock</u>			(14) NAME BEFORE MARRIAGE <u>Mary Hamilton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farm labour</u>			(19) OCCUPATION <u>Farm labour</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Oliver at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dollie Hancock
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Jan 15 1922 (27) Filed Jan 15 1922 (28) P. S. Hargram 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.