

(1) PLACE OF BIRTH

County of Union
 Township of Union S.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

66545

Inc. Town of Registration District No. 470.7 Registered No.
 or (For use of Local Registrar)
 City of (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 Peter Smith Hankins 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? (7) DATE OF BIRTH June 30, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hankins(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carry Smith(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Farming(20) 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 alive at 8 O'clock on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nick East (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Union S.C. 1916
Box 43
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1916 (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.

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.

McCauley, of Columbia