

Form No. 1

## (1) PLACE OF BIRTH

County of Florence  
 Township of Lynch  
 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

40311

Registration District No. 2010 Registered No. 72  
 (For use of Local Registrar)

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

(2) Full Name of Child William Hancock (If child is not yet named, make supplemental report as directed)

3. SEX OF CHILD <u>Boy</u>	4. Twin or Triplet To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Age at Birth <u>4</u>	7. DATE OF BIRTH <u>Dec 28-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Blake Cleveland Hancock</u>			14. NAME BEFORE MARRIAGE <u>Vannie Kirby</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Conrad SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Coward, SC</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>32</u> (Years)	16. COLOR OR RACE <u>White</u> 17. AGE AT LAST BIRTHDAY <u>28</u> (Years)		
12. BIRTHPLACE <u>S. C.</u>			18. BIRTHPLACE <u>S. C.</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>6</u>			21. Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Clara J. Tedder  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coward SC

Given name added from a supplemental report

(26) Witness E. L. Montgomery  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 10 1924 (28) E. L. Montgomery

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.