

Form No. 1

## (1) PLACE OF BIRTH

County of Lincoln  
 Township of North  
 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

25481

Registration District No. 12.0.3. Registered No. 39  
 (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 of Hancock If child is not yet named, make supplemental report as directed

3) BOY OR GIRL ..... 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH April 25 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Mr. D. Hancock  
 9) PRESENT POSTOFFICE OF FATHER Pulley S.C. G# 2  
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Pulley S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

20) Number of children born to mother, 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 11.00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. M. Newson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pulley S.C.

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) G. B. Redman 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.