

Form No. 1

(1) PLACE OF BIRTH

County of L.L.C.
Township of Spring Hill
OR
Inc. Town of Camden S.C.
OR
City of Camden S.C.

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

Registration District No. 3000

File No.—For State Registrar Only
39207

Registered No. 67
(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

Louis Hancock

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Hancock

(9) PRESENT POSTOFFICE OF FATHER

Dayton

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Meswell

(15) PRESENT POSTOFFICE OF MOTHER

Dayton

(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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

E. M. Carson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Remberts 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

Apr 12 1922

(28)

Estelle D. Outta
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.

MARGIN RESERVED FOR BINDING.
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 on first blank, No. 1, and on others, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.