

(1) PLACE OF BIRTH

County of FlourishTownship of Motts

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

42461

Registration District No. 2012Registered No. 108
(For use of Local Registrar)

(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 Dwight Caryle Hancock

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. L. Hancock(9) PRESENT POSTOFFICE OF FATHER Lake City, SC. R#1(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

20
(Years)(12) BIRTHPLACE Flourish Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie J. Duggan(15) PRESENT POSTOFFICE OF MOTHER Lake City, SC. R#1(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

17
(Years)(18) BIRTHPLACE Flourish Co.(19) OCCUPATION Farmer(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 born 7:45 A.M. on the date above stated.
(Born alive or stillborn) (Year, M. or P. M.)(23) (Signature) C. H. Lloyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/24 1923

(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.

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