

(1) PLACE OF BIRTH

County of MillerTownship of Sleepy Hollow

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71128

Registration District No. 215Registered No. 57

(For use of Local Registrar)

2) Full Name of Child

Lemuel C. 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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lemuel C. Hankins

(9) PRESENT POSTOFFICE OF FATHER

Salathie

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

44

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Hanson & Bradley

(15) PRESENT POSTOFFICE OF MOTHER

Salathie

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

3

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. J. Eubanks

(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

8/26/6

(28)

W. J. Eubanks

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 ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS—SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

Agency of Columbia