

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

File No.—For State Registrar Only  
**71128**

(1) PLACE OF BIRTH  
County of York  
Township of Sleepy Hollow  
or  
Inc. Town of ..... Registration District No. 215 Registered No. 57  
(For use of Local Registrar)  
or  
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 James C. Hankins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>James C. Hankins</u>	(14) NAME BEFORE MARRIAGE <u>Hanson &amp; Bradley</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Jaluthea</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jaluthea</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>3</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>+</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 new living, including present birth <u>1</u>			

**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.  
(Warn alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry T. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Jaluthea

Given name added from a supplemental report

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

(27) Filed 8/20/16 (28) W. V. 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. WATER ONLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. Agency of Columbia