

(1) PLACE OF BIRTH

County of UnionTownship of Pinehillsor
Inc. Town of Lockhartor
City of (No.)

(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

For State Registrar Only

Registration District No. 42 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Eugene Huntley Danks { 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept, 6, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Danks Danks(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION C.E.(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenie Huntley(15) PRESENT POSTOFFICE OF MOTHER Lockhart S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Domestic(21) Number of children of this mother now living, 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 at 10:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.D. Danks

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

Physician Lockhart S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug, 191... (28) D.B. Gallman 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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FORM NO. 4 MARGIN RESERVATION—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCoy, of Columbia

McCoy