

A-5082

* DAVID HANKERSON

FILED 10-06-05. LX

1. FULL NAME OF CHILD Walter Dennis Hankerson STATE FILE NO. 116-207

2. DATE OF BIRTH Feb-27-46 HOUR 9:12 A.M. 3. SEX Male 4. COLOR OR RACE B

5. PLACE OF BIRTH (A) STATE Georgia (B) COUNTY Busck (C) CITY OR TOWN Munnelyn
(D) STREET ADDRESS Rt # 2, Box 74 (E) MILITIA DISTRICT 1

FATHER		MOTHER	
6. FULL NAME <u>Adis Hankerson</u>	7. COLOR OR RACE <u>B</u>	13. MAIDEN NAME <u>Lewis Jones</u>	14. COLOR OR RACE <u>B</u>
8. AGE AT TIME OF THIS BIRTH <u>46</u>	9. BIRTHPLACE OF FATHER <u>Busck County</u>	15. AGE AT TIME OF THIS BIRTH <u>22</u>	16. BIRTHPLACE OF MOTHER <u>Waynesboro Ga.</u>
10. USUAL OCCUPATION <u>Farmer</u>	11. INDUSTRY OR BUSINESS	17. USUAL OCCUPATION <u>Wagoner</u>	18. INDUSTRY OR BUSINESS
12. SOCIAL SECURITY	19. SOCIAL SECURITY		

20. LENGTH OF MOTHER'S STAY BEFORE DELIVERY (A) IN HOSPITAL (B) IN THIS COMMUNITY 22 Years

21. USUAL RESIDENCE OF MOTHER (A) STATE Georgia (C) COUNTY Busck
(B) CITY OR TOWN Munnelyn (D) HOUSE NO. & ST. Rt # 2 - Box 74
(E) OR R.F.D. BOX Munnelyn

22. OTHER CHILDREN NOW LIVING 23. OTHER CHILDREN BORN ALIVE, NOW DEAD 24. CHILDREN BORN DEAD 25. IS MOTHER MARRIED TO FATHER OF CHILD

26. TWIN OR TRIPLET IF SO - BORN 1ST 2ND 3RD

27. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT
DATE July-22- SIGNATURE Lewis Jones RELATIONSHIP Mother

28. L.R.'S SIGNATURE Richard B... DATE FILED JUL 24 1946 DATE NAME ADDED

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS RCA 1107
CERTIFICATE OF LIVE BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-16, CODE OF GEORGIA, AND 299-1-3:DIHR RULES AND REGULATIONS.

RHDWAT
STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: [Signature]
Issued by: [Signature]
Date Issued: September

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