

Form No. 1

(1) PLACE OF BIRTH

County of WillsonTownship of Carveror
Inc. Town of

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 Died before named

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 11 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME H.S. Price(9) PRESENT POSTOFFICE OF FATHER Hamer(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Chellie Sessions(15) PRESENT POSTOFFICE OF MOTHER Hamer(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:50 P. M.,
on the date above stated. (Born alive or stillborn) (Home A. M. or P. M.)(23) (Signature) Charley Martin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamer S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 12 22 (28) Chellie Sessions
Registrar 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.

THIS IS A PERMANENT RECORD. 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.