

(1) PLACE OF BIRTH

County of W. CampbellTownship of Hickoryor
Inc. Town ofor
City of

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

(2) Full Name of Child Johnny Halliwell { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Not known

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Halliwell(15) PRESENT POSTOFFICE OF MOTHER Edell St.(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY.....
(Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION cook(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 90 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edell St.

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, 1922 (28) W. E. L. L. L. 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.