

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley Co.Township of 1st Johns

or

Inc. Town of

or

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 Freeman Hamilton

File No.—For State Registrar Only

29066

Registration District No. 222Registered No. 704 93

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	<u>1st</u>	<u>Yes</u>	<u>Sept 19 1922</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Able Hamilton(9) PRESENT POSTOFFICE OF FATHER Cordville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 58 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Hamilton(15) PRESENT POSTOFFICE OF MOTHER Cordville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 48 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 4 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Phibby Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cordville Co.

Given name added from a supplemental report

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

(27) Filed 9/22 1922 (28) J. J. Corbridge 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.

WHITE 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.

MCGRAW HILL, COLUMBIA, N. Y.