

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Woodville*

Inc. Town of .....

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 *Omie Hamdarine*

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

(3) BOY OR GIRL? *girl* (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 4 1902*  
(Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME *Lee Hardin*  
(2) PRESENT POSTOFFICE OF FATHER *Wilkinsville*  
(3) COLOR OR RACE *Black* (4) AGE AT LAST BIRTHDAY *27* (Years)  
(5) BIRTHPLACE *York Lee*  
(6) OCCUPATION *Farming*  
(7) Number of children born to mother, including present birth *3*

## MOTHER.

(1) NAME BEFORE MARRIAGE *Sarah Hardin*  
(2) PRESENT POSTOFFICE OF MOTHER *Wilkinsville*  
(3) COLOR OR RACE *Black* (4) AGE AT LAST BIRTHDAY *24* (Years)  
(5) BIRTHPLACE *York Lee*  
(6) OCCUPATION *Housekeeping*  
(7) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Date A. M. or P. M.)  
on the date above stated.

(2) (Signature) *James Roberts* (3) Address of Physician or Midwife

*Midwife Wilkinsville*

(4) Address of Physician or Midwife *Wilkinsville*

(5) Address of Physician or Midwife *Wilkinsville*

(6) Address of Physician or Midwife *Wilkinsville*

(7) Address of Physician or Midwife *Wilkinsville*

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 sixth month of pregnancy.

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File No.—For State Registrar Only  
48471

When No. 19, MARRIAGE LICENSES, FOR BINDING, WITH UNPAID TAX—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 2.

State of Colorado