

(1) PLACE OF BIRTH

County of Billion

Township of

Inc. Town of Billion

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 William Paul Hamilton

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Twins <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are parents married <u>Yes</u>	(7) DATE OF BIRTH <u>27</u> <u>10</u> <u>23</u>
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FATHER.

(8) FULL NAME LeRoy Hamilton

(9) PRESENT RESIDENCE OF FATHER Leillon

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Leillon Co.

(13) OCCUPATION Salesman

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Monroe

(15) PRESENT RESIDENCE OF MOTHER Leillon

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Cumberland Co., N.C.

(19) OCCUPATION House work.

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. M. Hamilton (24) Since whether Physician or Midwife (25) Address of Physician or Midwife Leillon, S.C.

Given name added from a supplemental report

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

(27) Date Dec 3 1923 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.

If a child uterine ... must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.