

## (1) PLACE OF BIRTH

County of RowanTownship of Whitmoreor Inc. Town of Whitmoreor City of Whitmore

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

## (2) Full Name of Child

Wilmer James Hall

File No.—For State Registrar Only

39474

Registration District No. 3402Registered No. 134

(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Fred Hall

(9) PRESENT POSTOFFICE OF FATHER

Whitmore

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Union Co

(13) OCCUPATION

Steel Operation

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Pittills

(15) PRESENT POSTOFFICE OF MOTHER

Whitmore

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Henderson Co. N.C.

(19) OCCUPATION

Domestic

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

1

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 20 1922

(28)

R. M. Duckitt 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.

N.B.—In case of TWIN CHILD, the mother must be examined by a PHYSICIAN or MIDWIFE, and mark the