

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Hammah

or 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

(a) BOY OR GIRL Boy (b) Twin or Triplet? No (c) Number in order of birth 1 (d) Are Parents Married? yes (e) DATE OF BIRTH Feb 15 - 1923
(Name of Month) (Day) (Year)

FATHER.
(1) FULL NAME W. Harlee Hamrick
(2) PRESENT POSTOFFICE OF FATHER Hamrick S.C. B. 2
(3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 38 (Year)
(5) BIRTHPLACE Hamrick S.C.
(6) OCCUPATION Farming
(7) Number of children born to mother, including present birth 1

MOTHER.
(8) NAME BEFORE MARRIAGE Emma Poston
(9) PRESENT POSTOFFICE OF MOTHER Hamrick S.C. B. 2
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE Blossom S.C.
(13) OCCUPATION Housework
(14) 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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mrs. W. F. Poston
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamrick S.C. B. 2

Given name added from a supplemental report

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

(27) Filed Feb 20 1923 (28) W. F. Poston Local Registrar

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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.