

## (1) PLACE OF BIRTH

County of ...Dillon.....

Township of ...Carmichael....

or  
Inc. Town of.....or  
City of.....(No. ....St.; .....Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mother Hamilton

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

3 BOY OR GIRL?

4 Twin or Triplet? X5 Number in order of birth X6 Are Parents Married? Yes

7 DATE OF

BIRTH June 3 1922  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

8 FULL NAME Lawrence Hamilton9 PRESENT POSTOFFICE OF FATHER Hamer10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47  
(Years)12 BIRTHPLACE S.C.13 OCCUPATION Farming14 Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Thompson(15) PRESENT POSTOFFICE OF MOTHER Hamer(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...born alive... at 6:00 P.M.,  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Willie Jackson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rowland, N.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 6th 1922 (28) Willie Jackson  
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. Health case of TWINS OR TRIPLETS use a SEPARATE DEPARTMENT FOR EACH CHILD, and mark the FIRST-BORN No. 1 THE OTHER No. 2, etc., in question 5.