

(1) PLACE OF BIRTH

County of *Spokane*Township of *Spokane*Inc. Town of *Spokane*City of *Spokane*

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5292

Registration District No. *4008* Registered No. *37*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>2</i>	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>2-17-1923</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *W. H. Frederick*

(9) PRESENT POSTOFFICE OF FATHER *Spokane, Idaho*

(10) COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY *21*
(Years)

(12) BIRTHPLACE *Idaho*

(13) OCCUPATION *Miner*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Spokane*

(15) PRESENT POSTOFFICE OF MOTHER *Spokane, Idaho*

(16) COLOR OR RACE *W*

(17) AGE AT LAST BIRTHDAY *21*
(Years)

(18) BIRTHPLACE *Idaho*

(19) OCCUPATION *Miner*

(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 *born alive* at *11:18* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Frederick*

(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 *Feb. 15* 1923 (28) *Wm. G. F. Parker* 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.

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RECEIVED REGISTRATION NO. 5292 BIRTH NO. 37
 COUNTY OF SPOKANE, IDAHO
 TOWNSHIP OF SPOKANE
 CITY OF SPOKANE
 I, the undersigned, being a duly qualified Registrar, do hereby certify that the foregoing is a true and correct copy of the original record on file in my office.
 WITNESSED my hand and the seal of my office this 15th day of February, 1923.
 Wm. G. F. Parker
 Local Registrar