

(1) PLACE OF BIRTH

County of *Spokane*Township of *Paclet*or
Inc. Town ofor
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 *Edith Francis*(3) BOY OR
GIRL *Girl*(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Twin
Marked(7) DATE OF
BIRTH *11-25-23*

(Name of Month) (Day) (Year)

(8) FULL
NAME *H.C. Lancaster*(9) PRESENT
POSTOFFICE
OF FATHER *Trough S.C.*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *29*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Wood Worker*(14) Number of children born to
mother, including present birth *11*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Mary Hammett*(15) PRESENT
POSTOFFICE
OF MOTHER *Trough S.C.*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *23*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *live* at *9 P.* M.,
on the date above stated. (born alive or stillborn) (hour) (M.) (P. M.)(22) (Signature) *W. L. Kirkpatrick*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *M. S. Paclet S.C.*(25) Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Dec. 13, 1923*(28) *H. W. Brown*
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.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.