

No 1

(1) PLACE OF BIRTH

County of Spokane

Township of

or

Inc. Town of Spokane

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22503

Registration District No. 40Registered No. 314

(For use of Local Registrar)

(No. 206)Young

Ward

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

(2) Full Name of Child Baridia

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

(3) BOY OR GIRL 20

(4) Twin or Triplet

(5) Number in order of birth 1

(6) Age at Birth

(7) DATE OF BIRTH July 23, 1925

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Walter(9) PRESENT POSTOFFICE OF FATHER Spokane(10) COLOR OR RACE White(11) BIRTHPLACE Idaho(12) OCCUPATION Teacher(13) AGE AT LAST BIRTHDAY 35(Year) 19

MOTHER.

(14) NAME BEFORE MARRIAGE Anna(15) PRESENT POSTOFFICE OF MOTHER Idaho(16) COLOR OR RACE White(17) BIRTHPLACE Idaho(18) OCCUPATION Housewife(19) AGE AT LAST BIRTHDAY 30(Year) 19(20) Number of children born to mother, including present birth 1(21) 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 a. live at 2.30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur M. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spokane

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-1-2319 23(28) Local Registrar Joe Copes

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 required of stillbirths before the fifth month of pregnancy.