

## (1) PLACE OF BIRTH

County of ThurstonTownship of Spokaneor  
Inc. Town of SpokaneCity of Spokane

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2001

No. for State Registrar's Use

32130

Registered No. 81

(For use of Local Registrar)

(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

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept 13 1923</u>
FATHER			MOTHER	
(6) FULL NAME <u>Elizah Hiram Jundry</u>			(14) NAME BEFORE MARRIAGE <u>Elba Rebecca Hyman</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Spokane</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spokane</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>41</u>			(17) AGE AT LAST BIRTHDAY <u>42</u>	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>midwife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1040 a on the date above stated. (Normal live or stillborn) (Hour M. or P.M.)(23) (Signature) W. H. Poston

(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

Oct 15 1923

(28)

W. H. Poston

Local Registrar

19 .....

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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