

(1) PLACE OF BIRTH

County of Spokane
Township of Signetone
or
Inc. Town of Spokane
or
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

(3) BOY OR GIRL <i>for</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 6 1922</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Refused to give

(9) PRESENT POSTOFFICE OF FATHER None

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY
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12 BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alma at 1:30 M.
on the date above stated. Born alive or stillborn () ()

(23) (Signature)

(24) State whether Mexican or Maryland

(2) Address of Physician or Midwife

Given name added from a supplement-
tal report

(29) - Witness

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

(27) - FU

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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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