

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Spokane
 Township of Spokane
 or
 Inc. Town of Wheatland
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20250

Registration District No. 4008

Registered No. 176
 (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 Annie Leila Arnold

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

3. BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	5. Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)
-----------------------------	--	-----------------------------	-------------------------------------	--

FATHER.

8. FULL NAME Charles Arnold
 9. PRESENT POSTOFFICE OF FATHER Whitney S. C.
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)
 12. BIRTHPLACE S. C.
 13. OCCUPATION Cotton mill
 20. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Collier Israel
 (15) PRESENT POSTOFFICE OF MOTHER Whitney S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 40 ...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Whitney S. C.

Given name added from a supplemental report

 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
7-1-22 (27) Filed 19 (28) E. J. 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.

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.