

## (1) PLACE OF BIRTH

County of Spokane  
 Township of Spokane  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16807

Registration District No. 4008 Registered No. 141  
 (For use of Local Registrar)

(No. William ..... St. Paul ..... City ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes ..... (7) DATE OF BIRTH 5-27-1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W.A. Goodwin  
 (9) PRESENT POSTOFFICE OF FATHER Spokane, R.F.D. #5  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Idaho  
 (13) OCCUPATION Miller

## MOTHER.

(14) NAME BEFORE MARRIAGE Rula Painter  
 (15) PRESENT POSTOFFICE OF MOTHER Spokane, R.F.D. #5  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION Dom  
 (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 ..... at 4:15 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed May 30, 1922 (28) C. F. 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.