

(1) PLACE OF BIRTH  
County of *Spokane*  
Township of *Spokane*

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

File No.—For State Registrar Only  
**66331**

Inc. Town of *Spokane* Registration District No. *586* Registered No. *586*  
(For use of Local Registrar)  
City of *Spokane* (No. *1* St. *1* Ward *1*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child *Bessie Veron Long* { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE BIRTH *June 27 1916*  
(Name of Month) (Day) (Year)

FATHER *Orin Long* (14) NAME BEFORE MARRIAGE *John Crocker*

PRESENT POST OFFICE OF FATHER *Capton S.C.* (15) PRESENT POST OFFICE OF MOTHER *Capton S.C.*

COLOR *W* (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *20*  
(Years)

BIRTHPLACE *MoCo.* (18) BIRTHPLACE *Solo.*

OCCUPATION *Wid. Work* (19) OCCUPATION *Shld.*

Number of children born to mother including present birth *One* (21) Number of children of this mother now living, including present birth *One*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10:00 a*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Chas. E. Cannon* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Quaker St.*

Given name added from a supplemental report

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

(27) Filed *July 2 1916* (28) *J. T. 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.

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