

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

County of Spokane
Township of Liberty

Inc. ^{or} Town of ^{or}

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child William Henry

File No.—For State Registrar Only

90452

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2202

Registered No. 148
(For use of Local Registrar)

(For use of Local Registrar)

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH DEC 5 1961
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Mr. Michael*

(9) PRESENT POSTOFFICE OF FATHER *3424 2nd*

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Comden

(13) OCCUPATION *Parm*

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

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH Dec. 5, 1911
(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE Ada Shaw

(15) PRESENT POSTOFFICE OF MOTHER *34 Ershaw*

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Lat Pau

(19) OCCUPATION Farmer

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. VAUGHN

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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..... Registrar

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

(27) Filed June 10 1917 (28) J. H. McCreesh
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.