

(1) PLACE OF BIRTH

County of SpokaneTownship of 11or
Inc. Town of Edwingtonor
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

Registration District No. 4008

File No. 91910 For State Registrar Only

Registered No. 767

(For use of Local Registrar)

(2) Full Name of Child John Smith

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH 12, 20 1914
 (Name of Month) (Day) (Year)

FATHER.(8) FULL NAME James Smith(9) PRESENT POSTOFFICE OF FATHER Edwington(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE North Charleston, S.C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth one**MOTHER.**(14) NAME BEFORE MARRIAGE Miss James(15) PRESENT POSTOFFICE OF MOTHER Edwington S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Spokane(19) OCCUPATION Domestic(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 born at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W.B. Lancaster M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spokane S.C.

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 Dec 24 1914

(28)

C.P. Barber

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.