

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50411

County of *Spokane*

Township of

Inc. Town of

City of *Spokane*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *40-A* Registered No. *38*

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child *Edmund Dean Brown* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 3 1942* (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *G. T. Brown*(14) NAME BEFORE MARRIAGE *Kedzie, McClen*(9) PRESENT POSTOFFICE OF FATHER *Spokane, Wyo.*(15) PRESENT POSTOFFICE OF MOTHER *Spokane, Wyo.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *-* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *-* (Years)(12) BIRTHPLACE *Spokane, Wyo.*(18) BIRTHPLACE *-*(13) OCCUPATION *Bank Rep.*(19) OCCUPATION *House Rep.*(20) Number of children born to mother, including present birth *3*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *W. E. G. P. M. M. D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Spokane, Wyo.*

Given name added from a supplemental report

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

2/16/42 191....(27) Filed *Feb 1 1942* (28) *Joe Cooper* 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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. B. McCaw, of Columbia.

McCaw.