

(1) PLACE OF BIRTH
 County of Spokane
 Township of
 or
 Inc. Town of
 or
 City of Spokane, P.C.
 (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
50411

(2) Full Name of Child Edwina Deane Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3 1 1942
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME G. J. Brown
 (9) PRESENT POSTOFFICE OF FATHER Spokane, P.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Spokane, P.C.
 (13) OCCUPATION Bank Keeper
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Kedzie, M. C.
 (15) PRESENT POSTOFFICE OF MOTHER Spokane, P.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Home Keeper
 (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., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spokane, P.C.

Given name added from a supplemental report
2/16/42 191.....
M. E. Woodward, M.D.
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 1 191 6 (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 I

*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.

M. B. McCaw, of Columbia, S. C., is the author of this form. It is published by the State Board of Health, Columbia, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MAKE OR PRINT NAME OR INITIALS IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE