

(1) PLACE OF BIRTH
 County of *Spokane* STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of *Spokane* State Board of Health

File No.—For State Registrar Only
53839

Inc. Town of Registration District No. *4408* Registered No. *491*
 (For use of Local Registrar)
 City of St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>To be answered only in event of twins or triplets</i>	(5) Number in order of birth <i>To be answered only in event of twins or triplets</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>March 27, 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Isaac J. Lemaster</i>		(14) NAME BEFORE MARRIAGE <i>Stannie May Holder</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>White Stone R-2</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>White Stone R-2</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>37</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>38</i> (Years)	
(12) BIRTHPLACE <i>Union S.C.</i>		(18) BIRTHPLACE <i>Union S.C.</i>		
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>9</i>		(21) Number of children of this mother now living, including present birth <i>8</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *C. M. Allen*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician *Spokane, B. C.*

Given name added from a supplemental report

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

(27) Filed *Mar 30 1916* (28) *C. T. Parker*
 Registrar 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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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER. No. 2, etc., in question 8.