

(1) PLACE OF BIRTH

County of Spokane
 Township of North Spring
 or
 Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

19120

Registration District No. 4-0000

Registered No. 68
 (For use of Local Registrar)

(No. 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 Charles LaToy Mowry

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

(3) SEX OR MALE (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 24 1923
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas J Mowry
 (9) PRESENT POSTOFFICE OF FATHER Green S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE Lithonia Ga
 (13) OCCUPATION Mill Work
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Leav Wagon
 (15) PRESENT POSTOFFICE OF MOTHER Green S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE Green S C
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) R L Mowry
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Green S C

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by Physician)

(26) Filed July 1 1923 (27) J. C. Mowry 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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