

(1) PLACE OF BIRTH

County of Spokane
 Township of Bear
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5741

Registration District No. 4000 Registered No. 6
 (For use of Local Registrar)
 City of (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 William Russell Baiter } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wanda Baiter(14) NAME BEFORE MARRIAGE Barrie Johnson(9) PRESENT POSTOFFICE OF FATHER Turkey, SC(15) PRESENT POSTOFFICE OF MOTHER Turkey, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Spokane, Co.(18) BIRTHPLACE Spokane, Co.(13) OCCUPATION Mill Worker(19) OCCUPATION House wife(20) Number of children born to mother, including present birth One (1)(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Turkey, SC

Given name added from a supplemental report
 191

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

(27) Filed June 1, 1922 (28) S. Brown 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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of

No report is desired of stillbirths

K O D A K S A F E T