

Form No. 1

(1) PLACE OF BIRTH

County of SpokaneTownship of Beachor
Inc. Town ofor
City of

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

(2) Full Name of Child James Howard Rookard(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Oct 20 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. J. Rookard(9) PRESENT POSTOFFICE OF FATHER Welford, H. R.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Hb.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Bangor(15) PRESENT POSTOFFICE OF MOTHER Welford, H. R.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Hb.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jos. H. Gibson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spokane

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 20 1922(28) C. H. Rookard 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.