

(1) PLACE OF BIRTH

County of Spokane  
Township of Spokaneor  
Inc. Town of  
orCity of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 4007 Registered No. 213  
(For use of Local Registrar)(2) Full Name of Child Walter Smith ... { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 18 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Smith(9) PRESENT POSTOFFICE OF FATHER Rudville S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Lawrence Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 10 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Thompson(15) PRESENT POSTOFFICE OF MOTHER Rudville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Spokane Co. S.C.(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) D. O. Randall, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rudville S.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 9 1916 (28) D. O. Randall 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.

Local Registrar