

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Spokane (No. 28 S. C. L.)

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

(2) Full Name of Child JohnnieNo. 42685 - For State Registrar OnlyRegistration District No. 4 Registered No. 622

(For use of Local Registrar)

St. 6 Ward

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

(1) SEX OF CHILD <u>MALE</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>10</u> <u>19</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME C. L. Collins(9) PRESENT POSTOFFICE OF FATHER Spokane(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Idaho(13) OCCUPATION Student

(20) Number of children born to mother, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE Johnnie(15) PRESENT POSTOFFICE OF MOTHER Spokane(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Idaho(19) OCCUPATION Student

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Date 10 19 19 A. M. or P. M.)(23) (Signature) Johnnie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(If name added from a supplemental report)

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

(27) Filed 10 19 (28) Johnnie 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.

Supplementary report Johnnie (Date of) 10 19 19Address Spokane Filed 10 19 19