

(1) PLACE OF BIRTH

County of Spokane
 Township of Liberty
 or
 Inc. Town of _____
 or
 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 Nate Bushok

File No.—For State Registrar Only

12888

Registration District No. 4002BRegistered No. 28
(For use of Local Registrar)

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 29 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Orlando Bushok
 (9) PRESENT POSTOFFICE OF FATHER Spokane, R. 2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE St.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Erla Hanton
 (15) PRESENT POSTOFFICE OF MOTHER Spokane, R. 2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE St.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Ellis M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spokane, R. 2

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed May 1922 (28) W. J. Ellis 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.