

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Spokane **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health
 Township of
 Inc. Town of
 City of Spokane Registration District No. 40-D Registered No. 231
 (For use of Local Registrar)
 (No. 116 Williams 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 Walter W. Cannon (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>July 11, 1923</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) NAME <u>Walter Cannon</u>			(14) NAME BEFORE MARRIAGE <u>John C. Cannon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spokane & C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spokane & C</u>	
(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>Spokane & C</u>			(18) BIRTHPLACE <u>Spokane & C</u>	
(13) OCCUPATION <u>Owner</u>			(19) OCCUPATION <u>Owner</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour of Day or P. M.)
 (23) (Signature) J. H. Carey
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spokane

Given name added from a supplemental report
Garnie Carey
Nov. 19, 1923
 (26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 9-1-23 Jas. Copes 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.

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