

FORM NO. 2. MARGIN RESERVED FOR BINDING. WHERE 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 25.

McGraw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spokane</u>		STATE OF SOUTH CAROLINA		36413	
Township of <u>Quincy</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4000</u>		Registered No. <u>110</u>	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 11 22</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. C. Murphy</u>			(14) NAME BEFORE MARRIAGE <u>Annie Cooper</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spokane, ID</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spokane, ID</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>ID</u>			(18) BIRTHPLACE <u>ID</u>		
(13) OCCUPATION <u>Car Jumper</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Spokane, ID</u> on the date above stated. (Hour A. M. or P. M.) <u>1 P.</u>					
(23) (Signature) <u>J. G. James</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Spokane, ID</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191.....			(27) Filed <u>Oct 15 1922</u> (28) <u>J. C. Moore</u> Local Registrar		
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.