

(1) PLACE OF BIRTH

County of *Spokane*Township of *11*or
Dist. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 19254

19254

Registration District No. *4998*Registered No. *17*
(For use of Local Registrar)

(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 *Antonia Ryan*

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

(3) SEX MALE	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>June</i> (Name of Month)
FATHER.			MOTHER.	
(8) FULL NAME <i>William Ryan</i>			(14) NAME BEFORE MARRIAGE <i>Lamb Cam</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Clifton S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Clifton S.C.</i>	
(10) COLOR OR RACE <i>white</i>			(16) COLOR OR RACE <i>white</i>	
(11) AGE AT LAST BIRTHDAY <i>66</i> (Years)			(17) AGE AT LAST BIRTHDAY	
(12) BIRTHPLACE <i>Green Co. Tenn</i>			(18) BIRTHPLACE <i>Green Co. Tenn</i>	
(13) OCCUPATION <i>Septic work</i>			(19) OCCUPATION <i>Hand</i>	
(20) Number of children born to mother, including present birth <i>4</i>			(21) Number of children of mother living, including present birth <i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Clifton S.C.* on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) *Mary Farrow*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Clifton S.C.*Give name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed *July 7, 1923* (28) *Mrs. C. F. Parker*
Local RegistrarWhen 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.