

## (1) PLACE OF BIRTH

County of *Spokane*Township of *11*or  
Inc. Town of *Haynes*or  
City of *Spokane*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

57691

Registration District No. *4008*Registered No. *508*  
(For use of Local Registrar)(2) Full Name of Child. *Matthew Annis Inselle*

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

(3) BOY OR GIRL? <i>G</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>4 11 6</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *William Inselle*(9) PRESENT POSTOFFICE OF FATHER *Haynes*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *Spokane Co*(13) OCCUPATION *Miner work*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Belle Hughes*(15) PRESENT POSTOFFICE OF MOTHER *Haynes S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *Spokane Co*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *W. B. D. Anderson, M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Spokane S.C.*

Given name added from a supplemental report

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

(27) Filed *April 15 6* (28) *E. H. Parker* 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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NEVER RE-ENTERED FOR BIRTHING  
 WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 N. J.—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 3.  
 N. J. McCaw, of Columbia.