

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

105

PLACE OF BIRTH
County of Wahation
City or Town Maple Falls

WASHINGTON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Record No. 08
File No. 3725
Registered No. _____

Registrations Dist. No. _____ (No. _____ St. _____ Ward)
FULL NAME OF CHILD Alice Foster (If child is not yet named, make supplemental report, as directed)

Sex of Child <u>Female</u>	Number of Births <u>4</u>	Legitimate <u>Yes</u>	Date of Birth <u>Mar. 24</u> 19 <u>13</u>
Full Name <u>Robert Harrison</u>	Full Name <u>Larry A. Jones</u>	Color <u>White</u>	Age at last Birthday <u>20</u> (Years)
Residence <u>Maple Falls</u>	Residence <u>Maple Falls</u>	Registration (State or Country) <u>Missouri</u>	Occupation <u>Housekeeper</u>
Color <u>White</u>	Age at last Birthday <u>37</u> (Years)	Registration (State or Country) <u>Virginia</u>	Occupation <u>Logger</u>
Registration (State or Country) <u>Virginia</u>	Occupation <u>Logger</u>	Number of children of this mother <u>4</u>	Number of children, this mother, now living <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Mar 24 1913 at 11:50 P.M.
 (Signature) A. H. Harding
Physician
 Address Maple Falls, Wash.
 Filed 4/14 1913 L. S. Fisher
 Registrar

* When there was no attending physician or midwife, when the father, householder, etc., actually made the return.

Give name source from a supplemental report.

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