

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
B. 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 1.

Form No. 8

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of Spartanburg

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

42040

Township of "

Registration District No. 4208

Registered No. 348

(For use of Local Registrar.)

Inc. Town of Arkwright

(No. 1 of 1 Ward)

City of Arkwright

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

(2) Full Name of Child Willie Paige

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

(3) BOY ☒ GIRL ☒ (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1923  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Willie A Paige  
(9) PRESENT POSTOFFICE OF FATHER Arkwright  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Miss Up  
(20) Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE Lula Mae Reed  
(15) PRESENT POSTOFFICE OF MOTHER Arkwright  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE N. C.  
(19) OCCUPATION House  
(21) Number of children of this mother, now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was W.B. Causey (Born 1923 or stillborn) (Hour 1 or P. M.)  
on the date above stated.

(23) (Signature) W.B. Causey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1-1-24 Mrs E. J. 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 within the first month of pregnancy.