

WRITE 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 5.

Cal. McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Becken

Township of

or
Inc. Town of

City of Becken (No. St.; Ward)
(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
50907

Registration District No. 2-R Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Francis Page (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25, 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Jay Page

(9) PRESENT POSTOFFICE OF FATHER Becken City

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Becken County

(13) OCCUPATION Traveling Salesman

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Annie Bohannon

(15) PRESENT POSTOFFICE OF MOTHER Becken City

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Canton, Ga.

(19) OCCUPATION Homemaking

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harvey W. Wynn

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Mar 16 191..... (28) J. A. Benten 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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