

(1) PLACE OF BIRTH

County of WillowTownship of Manning

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1605

File No.—For State Registrar Only

3852Registered No. 13
(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 William Page

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

(3) SEX OF CHILD Boy (4) Type of Infant Full (5) Number in order of birth 1st (6) Age of Child 1 yr (7) DATE OF BIRTH Feb 17, 1923
(Month of Month) (Day) (Year)(8) FULL NAME Foster Page(9) PRESENT RESIDENCE OF FATHER Willow, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Willow, S.C.(13) OCCUPATION Iron Work(14) Number of children born to mother, including present birth 6(14) NAME BEFORE MARRIAGE Estelle(15) PRESENT RESIDENCE OF MOTHER Willow, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Willow, S.C.(19) OCCUPATION House work(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 born alive at Willow, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edna Hardy(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Willow, S.C.

Given name added from a supplemental report

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

(27) Date Feb 27, 1923 (28) B. J. Williams

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is necessary if a child is born before the birth month of pregnancy.