

(1) PLACE OF BIRTH

County of Yellam
 Township of Bethesda
 or
 Inc. Town of Latta S.C.
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
29980

Registration District No. 1606 Registered No. 75
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? irl (4) Twin or Triplet? 0 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5-1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Howard Page
 (9) PRESENT POSTOFFICE OF FATHER Latta S.C.
 (10) COLOR OR RACE allord (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Latta S.C.
 (13) OCCUPATION chasing
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy Moody
 (15) PRESENT POSTOFFICE OF MOTHER Latta S.C.
 (16) COLOR OR RACE allord (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Latta S.C.
 (19) OCCUPATION house keeping
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 9 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie M. Donald

(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 9/25 at 21 (28) W. F. Rogers 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.