

## (1) PLACE OF BIRTH

County of **Spartanburg, S.C.**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of **Spartanburg,**or  
Inc. Town of .....Registration District No. **4008**

File No.—For State Registrar Only

**42943**Registered No. **352**  
(For use of Local Registrar)City of ..... (No. ....) (Name of same instead of street and number.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

**NELLIE PAIGE**

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

(3) **GIRL? YES**(4) **Twin or Triplet? YES**(5) **Number in order of birth 1st**(6) **Are Parents Married? YES**(7) **DATE OF BIRTH Feb 22 22**

(Name of Month) (Day) (Year)

## FATHER.

(8) **FULL NAME William A. Paige.**(9) **PRESENT POSTOFFICE OF FATHER Arkwright Mills**(10) **COLOR OR RACE White** (11) **AGE AT LAST BIRTHDAY 44** (Years)(12) **BIRTHPLACE S.C.**(13) **OCCUPATION Mill Employee,**(14) **Number of children born to mother, including present birth 2**

## MOTHER.

(14) **NAME BEFORE MARRIAGE Lula Mae Reed,**(15) **PRESENT POSTOFFICE OF MOTHER Arkwright Mills**(16) **COLOR OR RACE White** (17) **AGE AT LAST BIRTHDAY 25** (Years)(18) **BIRTHPLACE S.C.**(19) **OCCUPATION****Domestic**(20) **Number of children of this mother now living, including present birth 25 25**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at ..... (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) **J. S. Lancaster**(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
**Spartanburg**

(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** (28) **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 before the fifth month of pregnancy.

\*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.

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.