

Form No. 1

(1) PLACE OF BIRTH

County of Miller  
Township of Hillsboro  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42096

Registration District No. 1603 Registered No. 769  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/15/27  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clifton Page

MOTHER.  
(14) NAME BEFORE MARRIAGE Ann Marie May Page

(9) PRESENT POSTOFFICE OF FATHER Riches S.C.

(15) PRESENT POSTOFFICE OF MOTHER Riches S.C.

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Year)

(12) BIRTHPLACE Miller Co. S.C.

(18) BIRTHPLACE Miller Co.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. E. Lester, M.D.  
(24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Jake Creek, S.C.

Given name added from a supplemental report

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

(27) Filed 12/29/27 19..... (28) Local Registrar W. E. Lester

\*When there was no attending physician or midwife, then the father, householder, etc., should be reported as such. 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.

MCCAM OF COLUMBIA, COLUMBIA, S. C.