Form No 1.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64063

(1) PLACE OF BIRTH

County of Dillon

Township of Hillsboro

or
Inc. Town of Nichols S.C. Registration District No. 1603 Registered No. 73 (For use of Local Reistrar)

or
City of ..... (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 Aldina Page ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? Y | (5) Number in order of birth 3 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH June (Name of Month), 21 (Day), 1916 (Year)

To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Smith Page

(9) PRESENT POSTOFFICE OF FATHER Nichols, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Dillon Co, S.C.

(13) OCCUPATION Farming

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Neta Page

(15) PRESENT POSTOFFICE OF MOTHER Nichols, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Dillon Co, S.C.

(19) OCCUPATION Housewife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 Oclock P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mithe Ford

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Nichols, S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 4/24 1916 (28) H. H. Bailey 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.

MARGIN RESERVED FOR BINDING.
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.
McCaw, of Columbia.