

## (1) PLACE OF BIRTH

County of HorryTownship of Flag

or

Inc. Town of .....

or

City of .....

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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>One</u>	(6) Age Parents Married? <u>4th</u>	(7) DATE OF BIRTH <u>Dec 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Willis Page</u>	(14) NAME BEFORE MARRIAGE <u>Marion Shelby</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Nichols St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols St</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Horry Co</u>	(18) BIRTHPLACE <u>Horry Co</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Wife</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>None</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Walter C. Lundy</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Nichols St</u>
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Given name added from a supplemental report

(26) Witness Madrey (Signature of witness necessary only when question 23 is signed by mark)(27) Filed Dec 26 (28) W. Williams 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 INFORMATION FOR BINDING. WITH UNFOLDING TAB—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 8.

File No.—For State Registrar Only

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