

Form No. 10.

MARGIN RESERVED FOR INDEXING.
WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
Cav. of Columbia.

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59109

Registration District No. 1001 Registered No. 39
(For use of Local Registrar)

(2) Full Name of Child. Lynn Leon Page { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William M. Page

(9) PRESENT POSTOFFICE OF FATHER Gaffney #5

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Pocket S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Harmon

(15) PRESENT POSTOFFICE OF MOTHER Gaffney R#5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Housekeeping

(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 alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis X. Medley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gaffney #5

Given name added from a supplemental report

(26) Witness W. B. Page

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

(27) Filed May 11 1916 (28) C. O. Green 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.

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