

(1) PLACE OF BIRTH

County of Wayne
 Township of Wayne
 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

3706

Registration District No. 1206 Registered No. 14
 (For use of Local Registrar)

(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

Ann Watts

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Page
 (9) PRESENT POSTOFFICE OF FATHER Wayne
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE James Hally
 (15) PRESENT POSTOFFICE OF MOTHER Wayne S.C.
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 15-1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas H. Hannon(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Wayne 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 2/6 1922 (28) W. H. Hannon 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.

Registrar

Local Registrar

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