

Form No. 1

(1) PLACE OF BIRTH

County of NelsonTownship of Beaufort

or

Inc. Town of Beaufort

or

City of Beaufort

(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

Registration District No. 16.66 Registered No. 74

(For use of Local Registrar)

File No.—For State Registrar Only

34113

(2) Full Name of Child Walter Page

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

(3) BOY OR GIRL Boy(4) Twin No(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 19, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Page(9) PRESENT POSTOFFICE OF FATHER Ft. M. S. S.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Giddens(15) PRESENT POSTOFFICE OF MOTHER Ft. M. S. S.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as stillborn at 3 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Walter Page

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ft. M. S. S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/22/22(28) W. S. Rogers 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.

MACAM OF COLUMBIA, COLUMBIA, S. C.