

(1) PLACE OF BIRTH

County of MarionTownship of Peaveror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

41720

Registration District No. 3765Registered No. 108
(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 Joseph Page

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

not 27 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Simon Page

(9) PRESENT POSTOFFICE OF FATHER

Nichols S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

44
(Year)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Neckie Carmichael

(15) PRESENT POSTOFFICE OF MOTHER

Nichols S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

33
(Year)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Housewife

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

14

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. J. O'Connell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11-6-23(28) Dr. J. J. O'Connell, 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.

MARION MEMORIAL OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT THE END OF EACH YEAR. NO. 2, 1923. 10 CENTS.