

(1) PLACE OF BIRTH

County of Spartanburg
Township of Compobello
or
Inc. Town of

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

No. for State Registrar Only
22571

Registration District No. 4001-6 Registered No. 50
(For use of Local Registrar)

City of (No Address) Ward)

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

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 17 1944
(Month of Birth) (Day) (Year)

FATHER
(8) FULL NAME Thomas Franklin Page
(9) PRESENT POSTOFFICE OF FATHER Compobello S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Mary Jane Newman
(15) PRESENT POSTOFFICE OF MOTHER Compobello S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(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 at 5 am on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Chambers R. Strain
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Compobello

Given name Joel signed from a supplemental report
Joel Riser M.D.
1/30/44 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8/18 in 23 (28) G. D. Mayberry 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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