

## (1) PLACE OF BIRTH

County of *Horry*Township of *Salvatore Ferry*Inc. Town of *or*City of *(No. St.; Ward)*

(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

30754

Registration District No. *2505*Registered No. *85*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? ☒(5) Number in order of birth *1*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 23 1911*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *W. C. Page*(9) PRESENT POSTOFFICE OF FATHER *Salvatore Ferry*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *38*

(Years)

(12) BIRTHPLACE *Horry Co. S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *5*

## MOTHER

(14) NAME BEFORE MARRIAGE *Rennie Altman*(15) PRESENT POSTOFFICE OF MOTHER *Salvatore Ferry*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *36*

(Years)

(18) BIRTHPLACE *Horry Co. S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 A.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Nancy Hardwick*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Salvatore Ferry S.C.*

Given name added from a supplemental report

(26) Witness *John Duggins*

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

(27) File No. *10 11*

(28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.