

(1) PLACE OF BIRTH

County of DillonTownship of Dillonor
Inc. Town of Dillonor
City of Dillon

(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

28100

Registration District No. 1606 Registered No. 84

(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 <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9/18</u> 19 <u>23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Edward Page</u>			(14) NAME BEFORE MARRIAGE <u>Laisy Moody</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon</u>	
(10) COLOR OR RACE <u>Wepu</u>			(16) COLOR OR RACE <u>Wepu</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Dillon</u>			(18) BIRTHPLACE <u>Dillon</u>	
(13) OCCUPATION <u>owner</u>			(19) OCCUPATION <u>owner</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mark)

(27) Filed 10-22-23 (28) W. L. 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.