

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (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
45612

Registration District No. 9A Registered No. 7
 (For use of Local Registrar)
 (No. 112 Congress St.; Ward)

(2) Full Name of Child Carl William Payne 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
To be answered only in event of Twins or Triplets
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Herbert Hillery Payne
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Years)
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Wigner House Depot
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Matilda Zinken
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Years)
 (18) BIRTHPLACE Germany
 (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 3:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Robert C. Chubb
 (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife 165 Rutledge Ave.

Given name added from a supplemental report
 _____, 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/5 1916 (28) 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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