

10 FRANCH OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register

5401

County of Union

Township of Buffalo

City of Buffalo

Registration District No. 440

Registered No. 9

(For use of Local Registrar)

City of Buffalo (No. 9) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Paul Gayton

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

(2) SEX Boy (3) TIME OF BIRTH 10:00 AM (4) NUMBER IN ORDER OF BIRTH 1 (5) ARE PARENTS MARRIED? Yes (6) DATE OF BIRTH Feb 1 1923

FATHER: (14) NAME BEFORE MARRIAGE Joe Gayton (15) PRESENT POSTOFFICE OF FATHER Buffalo S.C.

MOTHER: (14) NAME BEFORE MARRIAGE Elsie Petty (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 34

(20) BIRTHPLACE Spartanburg S.C. (21) BIRTHPLACE Cherokee Co S.C.

(22) OCCUPATION Operator Cotton Mill (23) OCCUPATION Domestic

(24) Number of children born to mother, including present birth 7 (25) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born on Feb 1 1923 at Buffalo (Hour A. M. or P. M.)

(27) (Signature) J. J. Sallay

(28) State whether Physician or Midwife (29) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(31) Filed Mar 10 1923 (32) Joe F. Woodward Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, if 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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