

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64577

Township of

Inc. Town of

or

City of

(If birth occurs in a hospital or

Registration District No.

2709

Registered No.

320

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Ray Woodrow Bayne

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

(6) Are Parents Married?

(7) DATE OF BIRTH

June 25-1916

To be answered only in event of Twins or Triplets.

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Geo. Mayfield Bayne

(14) NAME BEFORE MARRIAGE

Jessie Poole

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(12) BIRTHPLACE

Greenville Co.

(18) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Mill Work

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Alive at 4:25 A.M. on the date above stated.

(23) (Signature)

A. Eugene Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. V. Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 5-1916

(28)

R. H. Mackay

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.