

FORM NO. 2

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
77297

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of ..... Registration District No. 2209 Registered No. 446  
(For use of Local Registrar)  
or  
City of ..... (No. 18720—Woodsidemill St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. James Thomas Payne If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 9</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>J. Alford Payne</u>			(14) NAME BEFORE MARRIAGE <u>Lada Kirkendal</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Woodsidemill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodsidemill</u>	
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co. NC</u>			(18) BIRTHPLACE <u>Madison Co. NC</u>	
(13) OCCUPATION <u>Mill Hand</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth { <u>5</u> }			(21) Number of children of this mother now living, including present birth { <u>5</u> }	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 A. M., (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Wellington

(24) State whether Physician or Midwife

Physician Greenville

(20) Witness

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

Sept 18 1916 (28) A. 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.

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.

McGraw-Hill of Columbia.