

FORM NO. 2.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

or

City of

(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

77297

Registration District No. 2209Registered No. 446

(For use of Local Registrar)

(No. 18720—Woodside Mill St.; Ward)(2) Full Name of Child. Ima Thomas Payne

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Alford Payne(9) PRESENT POSTOFFICE OF FATHER Woodside Mill(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Cherokee Co. NC(13) OCCUPATION Mill Hand(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lada Kirkendal(15) PRESENT POSTOFFICE OF MOTHER Woodside Mill(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Madison Co. NC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth { 5

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

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

7-12-13 1916T. L. Registrar

(26) Witness

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

(27) Filed Aug 18 1916(28) A. H. Mackey 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.

WHITE 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.