

FORM NO. 1  
 VARIOUS PLAINTEXT. WITH BLUE ALKING INK—THIS IS A PREPARATION RECORD.  
 M. P.—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.  
 M. P. McCaw, of Columbia.  
 M. P. McCaw.

(1) PLACE OF BIRTH  
 County of York  
 Township of Watts Mt  
 or  
 Inc. Town of ..... Registration District No. 4407 Registered No. 125  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
**15069**

(2) Full Name of Child Samuel D. Peyton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4, 1913  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sam Peyton  
 (9) PRESENT POSTOFFICE OF FATHER Clover SC  
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE York 12 Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE  
 (15) PRESENT POSTOFFICE OF MOTHER Clover SC  
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE York 12 Co  
 (19) OCCUPATION Housewife  
 (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 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) M. P. Keel, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Char SC

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 Dec 5 1913 (28) J. E. Morrison 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.

Registrar I  
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