

(1) PLACE OF BIRTH

County of EssexTownship of Essexor
Inc. Town of Essexor
City of Essex

(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

42741

Registration District No. 140913Registered No. 428

(For use of Local Registrar)

(No. 22 Essex St. St.; City Essex)(2) Full Name of Child Harold Payne

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

(3) BOY OR GIRL Boy(4) Twin or Triplet 2(5) Number in order of birth 3(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 16 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John G. Payne

(9) PRESENT POSTOFFICE OF FATHER

22 Essex St(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

Interior Decorator

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Leone Ellen

(15) PRESENT POSTOFFICE OF MOTHER

Essex(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

44
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Housework

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

John B. Hill M.D.
Essex

Given name added from a supplemental report

(26) Witness

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

(27) File

Dec 16 1922

(28)

Essex 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.

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