

(1) PLACE OF BIRTH

County of Anderson  
Township of Wilton  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

**13561**

Registration District No. 300

Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child

Calvin Peyton  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR  
GIRL

(4) Twin  
or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married

(7) DATE OF  
BIRTH May 6, 1932  
(Month of Year) (Day) (Year)

(8) FULL  
NAME

**FATHER**

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE  
MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child who was born 6 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm Rogers

(24) State whether: Physician or Midwife (25) Address of Physician or Midwife  
1804 S. Main St. Belton S.C.

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

When there was no attending physician  
If a child breathes even once, it is  
born

(27) If a child breathes even once, it is  
born. Then the father, householder, etc., should make this return  
as reported to stillbirth. No report is desired of stillbirths  
with marks of pregnancy