

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.

File No. — For State Registrar Only

47996

County of Anderson

Bureau of Vital Statistics

State Board of Health

Township of Fair

or  
Inc. Town of  
orRegistration District No. 306 Registered No. 19  
(For use of Local Registrar)City of (No. 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. D. R. Payton 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 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 19 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Damon Payton

(9) PRESENT POSTOFFICE OF FATHER

Fairville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Madison

(15) PRESENT POSTOFFICE OF MOTHER

Fairville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Anderson Co S.C.

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

J. H. McColvin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Fairville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 9, 1916

(28)

R. H. McColvin

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.

FORM NO. 3  
 WITH PLAIN. WITH UNFOLDING IN. — THIS IS A THIRTEENTH REVISION.  
 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.