

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Rock Hill  
 or  
 Inc. Town of South  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16776

Registration District No. 209 Registered No. 40  
 (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 William Payton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married? yes (6) DATE OF BIRTH June 26, 23  
 (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Payton</u>	(14) NAME BEFORE MARRIAGE <u>Marion Carter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Farmer</u>	(13) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Devore  
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(26) Filed July 6, 23 (27) Mr. Parker 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.