

MAKES OF CHILDREN ARE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 6.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of .....

or

Inc. Town of .....

or

City of Greenville (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 Will Payne Jr.

File No.—For State Registrar Only

18850

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 220913 Registered No. 202

(For use of Local Registrar)

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 19 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Will Payne  
(9) PRESENT POSTOFFICE OF FATHER Greenville  
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 4 (Years)  
(12) BIRTHPLACE Greenville  
(13) OCCUPATION Truckee

MOTHER  
(14) NAME BEFORE MARRIAGE Nobie Clemens  
(15) PRESENT POSTOFFICE OF MOTHER Greenville  
(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Greenville  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2(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 born alive at 1 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 7 1922 (28) [Signature] Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.