

(1) PLACE OF BIRTH  
County of Greenville  
Township of 4  
or  
Inc. Town of.....  
or  
City of.....  
(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  
**42733**

Registration District No. 2209B Registered No. 498  
(For use of Local Registrar)  
(No. Poe Mill - 335th St.; ..... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ethel Mae Payne

(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20 22  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Nathan Payne  
(9) PRESENT POSTOFFICE OF FATHER Greenville  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Years)  
(12) BIRTHPLACE N.C.  
(13) OCCUPATION Textile  
(20) Number of children born to mother, including present birth 5

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Viola Moore  
(15) PRESENT POSTOFFICE OF MOTHER Greenville  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
(Years)  
(18) BIRTHPLACE N.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a. J. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo T. Walker

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

Given name added from a supplemental report

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

(27) Dec 30 1924 (28) Geo T. Walker 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 stillbirth before the fifth month of pregnancy.