

Form No. 3

## (1) PLACE OF BIRTH

County of WilliamsburgTownship of Williamsburg

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4215

File No. - For State Registrar Only

7818

Registered No. 19  
(For use of Local Registrar)

(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 Robert M. M. Peyton If child is not yet named, make supplemental report as directed

|                             |                               |                              |                                     |  |
|-----------------------------|-------------------------------|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? <u>-</u> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb 7, 23</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|-------------------------------|------------------------------|-------------------------------------|--|

| FATHER   |   | MOTHER  |  |
|--|---|---|--|
| (8) FULL NAME <u>Walter Peyton</u>   | (14) NAME BEFORE MARRIAGE <u>Lorothy Gibbs</u>                                      | (9) PRESENT POSTOFFICE OF FATHER <u>Mullins St.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Mullins St.</u> |
| (10) COLOR OR RACE <u>negro</u>  | (11) AGE AT LAST BIRTHDAY <u>31</u><br>(Years)                                      | (16) COLOR OR RACE <u>negro</u>                     | (17) AGE AT LAST BIRTHDAY <u>22</u><br>(Years)       |
| (12) BIRTHPLACE <u>Lee County, S.C.</u>                                    | (18) BIRTHPLACE <u>Williamsburg County S.C.</u>                                     | (13) OCCUPATION <u>farm work</u>                    | (19) OCCUPATION <u>House &amp; farm work</u>         |
| (20) Number of children born to mother, including present birth <u>1 2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |   |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at H. at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

|                                     |  |   |
|-------------------------------------|--|---|
| (23) (Signature) <u>J. H. M. M.</u> | (24) State whether Physician or Midwife <u>Physician</u> | (25) Address of Physician or Midwife <u>Mullins St.</u> |
|-------------------------------------|--|---|

Given name added from a supplemental report

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

(27) Filed Feb 7, 1923 (28) J. H. M. M. 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.