

Form No. 1

(1) PLACE OF BIRTH

County of Saluda.....
Township of
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.)

(2) Full Name of Child Jessie Payne

(3) BOY OR
GIRL? Boy

(4) Twin
or Triple? To be answered only in event of Twins or Triplets

FATHER.

(5) FULL
NAME Eugene Payne

(6) PRESENT
POSTOFFICE
OF FATHER 1630 N. 21st. Philadelphia Penn.

(10) COLOR
OR
RACE Black

(12) BIRTHPLACE SL

(13) OCCUPATION Public work

(20) Number of children born to
mother, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE¹

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Maurie Harris

(24) State whether Physician or Midwife Mid wife

(25) Address of Physician or Midwife Drappell St.

Given name added from a supplemen-
tal report

(26) Witness

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

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Registrar

(27) Filed Feb. 21 1922

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.