

PAGES RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McAWAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Henderson
 Township of Henry
 OR
 Inc. Town of.....
 OR
 City of.....

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

File No.—For State Registrar Only
86744

Registration District No. 3407 Registered No. 85
 (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 John Henry Payne If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 15, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Henry Payne

(9) PRESENT POSTOFFICE OF FATHER Chippellville

(10) COLOR OR RACE Wend (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sh

(13) OCCUPATION Farm Hand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lera Jessie

(15) PRESENT POSTOFFICE OF MOTHER Chippellville

(16) COLOR OR RACE Wend (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Sh

(19) OCCUPATION Farm Hand

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Susie Reed
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wendell Chippellville

Given name added from a supplemental report

 19.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dr. O. J. ...
 (27) Filed Nov 10, 1916 (28) J. L. ... 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.