

MAKES RESERVED FOR BINDING.  
WRITE 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.

(1) PLACE OF BIRTH  
County of Heidelberg  
Township of Heidelberg  
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)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.; ..... Ward)

(2) Full Name of Child John Henry Payne If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Oct 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John Henry Payne  
(9) PRESENT POSTOFFICE OF FATHER Chippellville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Sh  
(13) OCCUPATION Farmer  
(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 Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Sh  
(19) OCCUPATION Farmer  
(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 John Henry Payne at 8 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 Midwife (25) Address of Physician or Midwife Chippellville

Given name added from a supplemental report  
(26) Witness Dr. O. F. H. H. (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 10 1916 (28) J. L. H. H. 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.