

1. PLACE OF BIRTH

County of Anderson, S.C.

Township of _____

or _____

City of Anderson, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

6358Registered No. _____
(For use of Local Registrar)(No. 425, Creswell Ave. St. Ward)2. FULL NAME OF CHILD Rosanne Payne

(If child is not yet named, make supplemental report as directed)

1. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Are Parents Full term <u>yes</u> Married? <u>yes</u>	8. Date of birth <u>March 9, 1922</u> , 19 (Month, day, year)
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FATHER		MOTHER	
9. Full name <u>Marcus Mathew Payne</u>	18. Full maiden name <u>Louise Carter</u>		

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Anderson, S.C.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Anderson, S.C.</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>38</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>35</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Anderson, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Hartwell, Georgia</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager of</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Wse.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
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16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn, { months } 29. Cause of stillbirth { Before labor }
period of gestation { weeks } { During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:30 am on the date above stated.
(Born alive or stillborn)(Signed) J. O. Sanders, M.D.

or _____, Midwife

Address Anderson, S.C.Filed Oct 2, 1937. M. B. Woodward

Registrar.

Assy. Registrar.

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