

(1) PLACE OF BIRTH

County of GreenvilleTownship of "Inc. Town of "City of "

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

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

Registration District No. 22ANo. 3976Registered No. 89
(For use of Local Registrar)(No. 115 Richardson St. " Ward)

(2) Full Name of Child

(3) BOY OR GIRL —(4) Twin or Triplet X(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 17 1929
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Benton Mayfield(9) PRESENT POSTOFFICE OF FATHER 115 Richardson St(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Truck driver(14) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Nellie Barbary(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION housework(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was slender on the date above stated.(22) (Signature) John B. Hill

(23) Date whether Physician or Midwife

(24) Address of Physician or Midwife

Given name, address, date of signature, and report

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

(26) Date Mar 5 1929 (27) C. E. Smith Local Registrar

When child is born in a hospital or other institution, then the father, householder, etc., should make this return. If a child is born at home, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.