

(1) PLACE OF BIRTH

County of Wester SCTownship of Wester

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

Color Mayfield

File No.—For State Registrar Only

41562Registration District No. 1107Registered No. 161

(For use of Local Registrar)

(No. Rte 4)

St.; Ward)

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

(3) BOY OR GIRL?

(4) Twin or Triplet? Yes

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec. 24 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Color Mayfield

(9) PRESENT POSTOFFICE OF FATHER

Wester SC

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Wester County

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Madie Franklin

(15) PRESENT POSTOFFICE OF MOTHER

Wester

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Fairfield County

(19) OCCUPATION

Farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Allen Bratton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Wester SC Rte 5

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

(28)

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.