

PLACE OF BIRTH

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

203965-a

County of Greenville
Municipality of GreenvilleBureau of Vital Statistics
State Board of HealthRegistration District No. 22-02 Registered No. _____
(For use of Local Registrar)City or Town of Greenville No. 45 Richardson Ward _____
or Greenville (If birth occurred in hospital or other building, give name of building and number) _____
or Greenville (If child is not yet named, make appropriate report as directed)FULL NAME OF CHILD Margaret MayfieldSex Girl 1. Plural Birth 4. Twin, triplet, or other _____ 5. Premature Yes 6. Date of birth Feb. 17 1935
5. Number, in order of birth _____ Full term _____FATHER Raymond MayfieldResidence (usual place of abode) Greenville, S.C.
(If non-resident, give place and State) _____Color or race W 12. Age at last birthday 20 (Years) 13. Full maiden name Willie BarbaryBirthplace (city or place) Greenville, S.C.
(State or country) _____14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 2 yrs18. Color or race W 21. Age at last birthday 28 (Years)22. Birthplace (city or place) Greenville, S.C.
(State or country) _____23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work 40 yrs

27. Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months weeks) 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Greenville S.C. on the date above stated.
(Born alive or stillborn) _____ M. D.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Give name added from a supplemental report _____ (Date of) _____

(Signed) J. H. Hill _____ M. D.or J. H. Hill _____ MidwifeAddress M.O. Medical CoFiled Feb. 17 1935

Before the fifth month of pregnancy