

County of Lake
Township of Waseville
or
Inc. Town of.....
or
City of

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

1214B

Registration District No. ... 117 Registered No. ... 29
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Mae Mayfield If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(3) Number in order of birth <i>1</i>	(6) Are Forest Harvest? <i>yes</i>	(5) DATE OF BIRTH <i>June 2, 1923</i> (Month of Month) (Day) (Year)
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FATHER.

(9) FULL NAME Wardel Mayfield

(10) PRESENT POST OFFICE OF FATHER Leeds, S.C.

(11) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Glester, Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Doris Land

(15) PRESENT ADDRESS OF MOTHER Leah, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 Years

(18) BIRTHPLACE Glester, Ga

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(28)~ I hereby certify that I attended the birth of this child, who was Alive at 4:41 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(26) (Signature) C. A. Crosby M.D.
(24) State whether Physician or Midwife (25) Physician or Midwife

Given name added from a supplement-
tal report

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..... 19

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(26) Witness
 (Signature of Witness necessary only
 when question 28 is signed by mark)
 (27) Filed June 8, 1978. (28) N.J. McDaniel

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.