

McCaw, of Columbia.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH		COUNTY OF <u>Greenville SC</u>		TOWNSHIP OF <u>Clinton</u>	
INC. TOWN OF		REGISTRATION DISTRICT No. <u>2200</u>		REGISTERED No. <u>48</u>	
CITY OF		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Lloyd Mayfield</u>					
(a) BOY OR GIRL? <u>Boy</u>	(b) Twin or Triplet?	(c) Number in order of birth	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>April 17</u>	(f) MONTH <u>April</u>
FATHER			MOTHER		
(g) FULL NAME <u>Frank Mayfield</u>			(h) NAME BEFORE MARRIAGE <u>Sallie Graydon</u>		
(i) PRESENT POSTOFFICE OF FATHER <u>Simpsonville SC</u>			(j) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville SC</u>		
(k) COLOR OR RACE <u>White</u>	(l) AGE AT LAST BIRTHDAY <u>26</u>	(m) COLOR OR RACE <u>White</u>	(n) AGE AT LAST BIRTHDAY <u>18</u>		
(o) BIRTHPLACE <u>Greenville Co. SC</u>			(p) BIRTHPLACE <u>Greenville Co SC</u>		
(q) OCCUPATION <u>Farmer</u>			(r) OCCUPATION <u>House Wife</u>		
(s) Number of children born to mother, including present birth { <u>2</u>			(t) Number of children of this mother now living, including present birth { <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(u) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(v) (Signature) <u>A. S. Steward</u>					
(w) State whether Physician or Midwife (x) Address of Physician or Midwife <u>Physician Simpsonville SC</u>					
Given name added from a supplemental report			(y) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
..... 181			(z) Filed <u>May 4 1916</u> (w) <u>L. H. Friedland</u> 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.