

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Harriet*

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.)

Registration District No. *4006* Registered No. *115*
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74787

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 18 1906*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John F. Mayfield*
(9) PRESENT POSTOFFICE OF FATHER *Pinebluff SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *51* (Years)

(12) BIRTHPLACE *Kings mtn. NC*

(13) OCCUPATION *Furniture Business*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. S. S. Mayfield*

(15) PRESENT POSTOFFICE OF MOTHER *Pinebluff SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32* (Years)

(18) BIRTHPLACE *Kings mtn. NC*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:30* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. D. Stave*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician *Pinebluff SC*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *Aug 12th* 191..... (28) *M. W. Brown* 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.