

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw. of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Walton  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
74787

Registration District No. 4006 Registered No. 115  
(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 Serrah Sanelle Mayfield If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18 1906  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John F. Mayfield  
(9) PRESENT POSTOFFICE OF FATHER Walton 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 Carla Pettigrew  
(15) PRESENT POSTOFFICE OF MOTHER Walton 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 Physician (25) Address of Physician or Midwife Walton SC

Given name added from a supplemental report  
..... 191 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 12 1906 (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.