

WARNING—RESERVED FOR BINDING.
WHITE 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 2.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Walnut Grove
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2555

Registration District No. 4010 Registered No. 22
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 8</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mayfield Daniel</u>			(14) NAME BEFORE MARRIAGE <u>Annie Slesander</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>No. 2 Rte 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>No. 2 Rte 2</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>S. C.</u>		
		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

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 PM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Daniel Mayfield
(24) State whether Physician or Midwife
Midwife
(25) Address of Physician or Midwife
Thos. Route 2

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

Jan. 10 1921 (28) C. Finch
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.