

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Ruffalo

OF

Inc. Town of

OF

(City of)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 27.4Registered No. 88
(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 Robert Mont Mayhew (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 12 (6) Age Parents Married yes (7) DATE OF BIRTH July 31, 1923
(High of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leura W. Mayhew(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 48
(Year)(12) BIRTHPLACE Kershaw S.C.(13) OCCUPATION Brick Mason(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Robertson(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Kershaw S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patey Simmons(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kershaw S.C.

(Given name added from a supplemental report)

(26) Witness Caroline B. Bell

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

(27) Filed Sept 1923 (28) J. P. Mc Cashell

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.