

(1) PLACE OF BIRTH

County of GreenvilleTownship of AustinOF
Inc. Town ofOF
City of

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

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age-Parents Married <u>Married</u>	(7) DATE OF BIRTH <u>Dec. 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Smith Mayfield(9) PRESENT POSTOFFICE OF FATHER Simpsonville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Greenville co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Adler Vangier(15) PRESENT POSTOFFICE OF MOTHER Simpsonville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Greenville co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. B. Howard

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

Physician Simpsonville S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 12, 1923 (28) P. D. Richardson
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.

month of pregnancy.