

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA.

File No. — For State Registrar Only
85752

Township of Greene

Bureau of Vital Statistics

State Board of Health

or
Inc. Town of Medmont

Registration District No. 272

Registered No. 72
(For use of Local Registrar)

or
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 Larkin Mayfield Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 3, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Larkin Mayfield

(14) NAME BEFORE MARRIAGE Janie Evans

(9) PRESENT POSTOFFICE OF FATHER Dead

(15) PRESENT POSTOFFICE OF MOTHER Medmont S.C.

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) 28

(12) BIRTHPLACE

(18) BIRTHPLACE S.C.

(13) OCCUPATION

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(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 Medmont at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Bewell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Medmont S.C.

Given name added from a supplemental report

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

(27) Filled Nov 4, 1916 (28) R. L. Phillips 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.

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MASTERS RESPONSIBLE FOR THIS IS A PARENTS ONLY RECORD. WHEN UNFOLDING THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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.

W. C. W. of Columbia

W. H.

M. H.