

FORM NO. 2. MARYLAND REGISTERED FOOT BINDING CO. NEVER REUSE. WRITE IN PENCIL. WRITE UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 5. CHAS. McCRAW, CHAV. of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
91805

County of *Spartanburg* STATE OF SOUTH CAROLINA.
Township of *Corryville* Bureau of Vital Statistics
or Inc. Town of _____ State Board of Health
or Registration District No. *4001-a* Registered No. *148*
(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 *Berulah Wafford* { 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) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 17 1914*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Grover Cleveland Wafford*
(9) PRESENT POSTOFFICE OF FATHER *Landrum, S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)
(12) BIRTHPLACE *Spartanburg Co., S.C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Mary Elizabeth Turner*
(15) PRESENT POSTOFFICE OF MOTHER *Landrum, S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *Greenwood Co., S.C.*
(19) OCCUPATION *House-keeper*
(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 *Alive*, at *9*.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. G. Christophers, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Landrum, S.C.*

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

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

(27) Filed *over*.....191..... (28) *H. J. Mayberry*
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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