

FORM NO. 2. MARGEN 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 1st, 2nd, 3rd, etc., of the birth. FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. McCaw, Savannah, Ga.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Spartanburg</i>		STATE OF SOUTH CAROLINA.		91805	
Township of <i>Camden</i>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <i>4001-a</i>		Registered No. <i>148</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Berulah Maffard</i>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or triplet? <i>-</i>	(5) Number in order of birth <i>-</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 17, 1914</i>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Grove Cleveland Maffard</i>			(14) NAME BEFORE MARRIAGE <i>Mary Jane White Turner</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Landon, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Landon, S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>24</i> (Years)		
(12) BIRTHPLACE <i>Spartanburg Co., S.C.</i>			(18) BIRTHPLACE <i>Greenwood Co., S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House-keeper</i>		
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>		

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. L. Christopher, M.D.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Landon, 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 *Dec 17, 1914* (28) *R. L. Christopher* 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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