

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....

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 Walter Vernon Mayfield

File No.—For State Registrar Only

28696

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. ....

Registered No. .... 339  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 13 1937</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Ernest Mayfield</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C.</u>	
(10) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Anderson Co.</u>	
(13) OCCUPATION <u>mill operator</u>	
(20) Number of children born to mother, including present birth <u>3</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lillian Williams</u>	
(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C.</u>	
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(18) BIRTHPLACE <u>Anderson Co.</u>	
(19) OCCUPATION <u>Domestic</u>	
(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

(28) ANDERSON, S.C.

\*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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MARGIN RESERVED FOR BINDING.  
 WHILE PLAINLY, WITH UNFADING INK—PRINT IN A PERMANENT RECORD, AND MAKE THE  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK PAGE, in question 5,  
 FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc.