

(1) PLACE OF BIRTH

County of AbbevilleTownship of MarylandInc. Town of Cochran FallsCity of Cochran Falls

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

62826

Registration District No. 109Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child Edith Viola Mahaffey

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

(3) BOY OR GIRL girl(4) Twin or Triplet? no

(5) Number in order of birth

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? yes(7) DATE OF BIRTH June 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John E. Mahaffey(9) PRESENT POSTOFFICE OF FATHER Cochran Falls S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION R.R. Agent & Telegrapher(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Vera Martin(15) PRESENT POSTOFFICE OF MOTHER Cochran Falls S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE Cochran Falls S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cochran Falls S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 24

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(28) A. C. Hance

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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