

MAILED REGISTERED FOR RECORD
WITH SPACING IN—THIS IS A PERMANENT RECORD
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

(1) PLACE OF BIRTH

County of Greenwood
Township of Waverly
Inc. Town of Waverly
City of Waverly

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

4150

Registration District No. 234 Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Madge Emory Maffs
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Age at birth 25 (7) DATE OF BIRTH Feb 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles F. Maffs
(9) PRESENT POSTOFFICE OF FATHER Waverly
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE Tenn
(13) OCCUPATION Cotton mill

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie C. Lamm
(15) PRESENT POSTOFFICE OF MOTHER Waverly
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE Tenn
(19) OCCUPATION housewife
(20) Number of children born to mother, including present birth 8
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A. M.,
on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) B. W. Orman
(24) State Physician or Midwife (25) Address of Physician or Midwife Waverly

(Given name added from a supplemental report)

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

(27) Filed Mar 2 19 1923 (28) 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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