

(1) PLACE OF BIRTH
County of Charleston
Township of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3376

Inc. Town of _____ Registration District No. 9 A Registered No. 220
(For use of Local Registrar)
City of Charleston (No. 33 Smith 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 Baby Gaffney } 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 February 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Jerome Gaffney

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Lieut. Commander U.S.N.

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wahnita Mary Walsh

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
alive 12.40 A. M.

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

(23) (Signature) J. R. McNeill (24) State whether Physician or Midwife Physician

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. McNeill Green D.D.
(27) Filed 2/16/22 191..... (28) J. McNeill Green D.D. 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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