CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16794

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg or Inc. Town of C. W. Wadsworth or City of Spartanburg

Registration District No. 4008. Registered No. 116 (For use of Local Registrar)

(No. ..... 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 ..... If child is not yet named, make supplemental report as directed

(3) SEX OF GIRL? Yes

(4) Twin or Triplet? No (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Mahaffey

(9) PRESENT POSTOFFICE OF FATHER Spartanburg Rt 7

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE N C

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Rhody Garner

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg Rt 7

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. A. Wilderman M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report ...., 19 .... Registrar

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

(27) Filed May 15 1922. (28) C. F. Parker 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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