

Form No. 1.

## (1) PLACE OF BIRTH

County of PickensTownship of Asleyor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50226

Registration District No. 3702 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Emmie Viola Mahaffy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>July 8</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Carson Mahaffy(9) PRESENT POSTOFFICE Asley, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Tramming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Minney Mahaffy(15) PRESENT POSTOFFICE Asley, S.C. R.# 2(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Minnie Mahaffy

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Asley, S.C.

Given name added from a supplemental report

(26) Witness Carson Mahaffy

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

(27) Filed July 10, 1916 (28) E. H. Wyatt

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

McCaw of Columbia.