

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 2.

Revised by Columbia, S. C.

Form No. 6

(1) PLACE OF BIRTH

County of Spartanburg
Township of South Springs
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
42822

Registration District No. 40012

Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 20, 1923
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME W. P. Mahaffey

(9) PRESENT POSTOFFICE OF FATHER County Mills

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE N. D. A.

(13) OCCUPATION Cotton mill operator

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rhoda Warren

(15) PRESENT POSTOFFICE OF MOTHER County Mills

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE N. D. A.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:40 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) D. F. Hightson M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Arendo, S. C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Oct 1, 1923

D. F. Hightson 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.

AS A CHILD BORNED WITH VIVID, IT MUST LIVE TO REPORT AS STILLBORN, AND REPORT AS STILLBORN AS STILLBORN