

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

71338

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Williamston

or
Inc. Town of Registration District No. 314 Registered No. 54

or
City of (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 Clara Mahaffey } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Bruce R. Mahaffey

(14) NAME BEFORE MARRIAGE Etha Lullin

(9) PRESENT POSTOFFICE OF FATHER Williamston

(15) PRESENT POSTOFFICE OF MOTHER Williamston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Chedoke, Auburn Co., Ga.

(18) BIRTHPLACE Anderson Co.

(13) OCCUPATION Farmer & Brick Layer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Gander

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D.

Given name added from a supplemental report

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

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(27) Filled 9/7 1916 (28) Ed. H. Poore Local Registrar.

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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question 8. McCraw of Columbia