Form No. 1

(1) PLACE OF BIRTH

County of Laurens

Township of Waterloo

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
4390

Registration District No. 2961 Registered No. 17
(For use of Local Registrar)

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

(3) SEX: BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: (Name of Month) February (Day) 10 (Year) 1916

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME David Felton Vaughn

(9) PRESENT POSTOFFICE OF FATHER Owings S.C. R3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming Farmer

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Cora English

(15) PRESENT POSTOFFICE OF MOTHER Hare Krey Cook R5

(16) COLOR OR RACE S C (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Hendrix S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4 & 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive on the date above stated, at 6a M., (Hour A. M. or P. M.)

(23) (Signature) Wm Stevens

(24) Physician or Midwife

(25) Address of Physician Owings S.C.

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

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .... (28) ..... 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.

MARRIAGE RECORDS FOR SAME RESIDENCE.
WHITE PLAINLY, WITH INK OR INDELIBLE PENCIL. THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a separate line for each child, and mark the FIRST-BORN. No. 1 THIS OFFICE. No. 2, etc. in question 4