

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18520

Registration District No. **1913**

Registered No.
(For use of Local Registrar)

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 **Mrs. Vaughn Reese** { If child is not yet named, make supplemental report as directed

3) SEX OR GIRL? **Boy** (4) Twin or triplet? (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan. 26, 22**
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE **Emma Jane Vaughn**

5) FULL NAME **Clarence E. Reese** (15) PRESENT POSTOFFICE OF MOTHER **Minorsboro, S.C.**

6) PRESENT POSTOFFICE OF FATHER **Minorsboro, S.C.** (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **30**
(Years)

7) COLOR OR RACE **White** (18) BIRTHPLACE **Ohio**

8) BIRTHPLACE **Georgia** (19) OCCUPATION **Housewife**

9) OCCUPATION **Time Keeper** (20) Number of children of this mother now living, including present birth **5**

10) Number of children born to mother, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **Minorsboro, S.C.** (Hour A. M. or P. M.)
on the date above stated. (23) (Signature) **Samuel J. Woodard**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Minorsboro, S.C.**

Given name added from a supplemental report

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

(27) Filed **6-1-1922** (28) **M. B. Woodward, M.D.** 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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