

(1) PLACE OF BIRTH

County of Auderson
 Township of Williamson
 or
 Inc. Town of Peter A.
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 32

File No. — For State Registrar Only

43530Registered No. 72
(For use of Local Registrar)(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 Leila Wilton Vaughn

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>May 26, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>George Vaughn</u>			10. NAME BEFORE MARRIAGE <u>Joy Rose</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Peter A.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Peter A.</u>	
11. COLOR OR RACE <u>White</u>	12. AGE AT LAST BIRTHDAY <u>25</u> (Years)	16. COLOR OR RACE <u>White</u>		
12. BIRTHPLACE <u>AL</u>		17. AGE AT LAST BIRTHDAY <u>25</u> (Years)	18. BIRTHPLACE <u>N.C.</u>	
13. OCCUPATION <u>Mill work</u>			19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>4</u>			21. Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 3 A. M. on the date above stated.
(Be alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. T. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Peter A.

Given name added from a supplemental report

(26) Witness

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

(27) May 30, 1922 Local Registrar
J. C. Cravenshaw

*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.