

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

County of GreenvilleTownship of Dunklin

or

Inc. Town of.....

or

City of.....

Registration District No. 2205Registered No. 26

(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 Hazel Vaughn

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 3, 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Eford Vaughn(9) PRESENT POSTOFFICE OF FATHER Honea Park, S.C. R5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Dunklin Co. S.C.(13) OCCUPATION miner(20) Number of children born to mother, including present birth 1 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Ledia(15) PRESENT POSTOFFICE OF MOTHER Honea Park, S.C. R5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Greenville Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joel P. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Honea Park, S.C. R5

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 19 1933 (28) W. A. A. A. 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.

FIRST-BORN, No. 1. THIS ORDER, No. 2, etc., in question 5.

E. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the

MCMAM OF COLUMBIA, COLUMBIA, S. C.