

FORM NO. 7. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 OR
 Inc. Town of Union Registration District No. 427 A Registered No. 127
 OR
 City of Union (No. 2 Lybrand St.: 4 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
74977

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? Yes (7) DATE OF BIRTH July 15 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Keep Lyon Vaughn
 (9) PRESENT POSTOFFICE OF FATHER Union, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Union County
 (13) OCCUPATION Meatier, Cot. mil
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Mrs. Mosley
 (15) PRESENT POSTOFFICE OF MOTHER Union, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Cherokee County
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Perry, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report
 _____ 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 19 1916 (28) S. Y. Sarratt 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.