

(1) PLACE OF BIRTH

County of Dorchester  
 Township of Dorchester  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
25799

Registration District No. 1705 Registered No. 20  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clara A. Vauls (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) Are Parents Married? Yes (7) DATE OF BIRTH April 30 1921  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Vauls  
 (9) PRESENT POSTOFFICE OF FATHER Summerville SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE Summerville SC  
 (13) OCCUPATION Carpenter  
 (20) Number of children born to mother, including present birth (3)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Emily Jane  
 (15) PRESENT POSTOFFICE OF MOTHER Summerville SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Summerville SC  
 (19) OCCUPATION Stitcher  
 (21) Number of children of this mother now living, including present birth (3)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville SC

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 11 1921 (28) [Signature] Local Registrar

\* If 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.

RECEIVED BY CLERK OF BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT COLUMBIA, S. C. AUG 11 1921