

Form No. 1

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Providence  
 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

30360

Registration District No. 4105Registered No. 74  
(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 Gene 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 ..... (6) Are Parents Married? No (7) DATE OF BIRTH Sept 18, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emma Dargun  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (12) BIRTHPLACE Germany  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Vaughn  
 (15) PRESENT POSTOFFICE OF MOTHER Dargun S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)  
 (18) BIRTHPLACE Germany  
 (19) OCCUPATION at Home

(20) Number of children born to mother, including present birth 1 2(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Effie Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Eva Binketh  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 21, 1923 (28) J. B. Raffield 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.