

(1) PLACE OF BIRTH

County of Aiken
 Township of Millbrook
 or
 Inc. Town of
 or
 City of

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

Registration District No. 207

No. 9049 for State Registrar Only

Registered No. 15
 (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 Joseph Vaughan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Type Large (5) Number in order of birth 7 (6) Are Parents Married yes (7) DATE OF BIRTH April 4, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wade Vaughan
 (9) PRESENT POSTOFFICE OF FATHER Aiken SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE Aiken Co SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Polly Miller
 (15) PRESENT POSTOFFICE OF MOTHER Aiken SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Edgemoor
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Grace Jackson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 12, 1923 (28) THROCK 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.