

Form No. 10.
 WHEN PLACED IN THE BUREAU OF VITAL STATISTICS, WITH UNPAID FEE, THIS IS A PERMANENT CARD AND MARK THE
 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.

(1) PLACE OF BIRTH
 County of Anderson
 Township of _____
 or
 Inc. Town of Piedmont
 or
 City of _____
 (No. _____) (St. _____) (Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
1-1-1911

Registration District No. 3.6 Registered No. 89
 (For use of Local Registrar)
 City of _____ (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 Edith 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? Yes (7) DATE OF BIRTH Jan. 9, 1911
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.
 (8) FULL NAME Clarence Vaughn
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Cotton Mill Operator
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Santa Pettigfield
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) 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 alive 9:50 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. R. Brown
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont 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 Jan. 10, 1911 (28) J. R. Brown 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.

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