

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
62937County of Anderson

Township of

or
Inc. Town ofCity of Anderson

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

Registration District No. 3ARegistered No. 201

(For use of Local Registrar)

(2) Full Name of Child. Oscar Lee Roy Vaughn

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen P. Vaughn

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Banks Co Ga

(13) OCCUPATION

Mill operator

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Archie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

Elbert Co Ga

(19) OCCUPATION

House wife

(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 alive, at 1 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

A. D.Anderson S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

191

(28)

J. P. Ruyter
Local Registrar

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.

Registrar

Local Registrar

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RECEIVED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, ON June 16 1926.
 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.