

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Butler*or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2202* Registered No. *28*  
(For use of Local Registrar)

File No.—For State Registrar Only

17786

(2) Full Name of Child *Effie Vester Vaughan*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 26, 23*  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Avery Vaughan</i>	(14) NAME BEFORE MARRIAGE <i>Effie Orr</i>	(9) PRESENT RESIDENCE OF FATHER <i>Greenville, S.C. R-8</i>	(15) PRESENT RESIDENCE OF MOTHER <i>Greenville, S.C. R-8</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)
(12) BIRTHPLACE <i>S.C.</i>	(18) OCCUPATION <i>carpenter</i>	(19) BIRTHPLACE <i>Henderson co. N.C.</i>	(20) OCCUPATION <i>Domestic</i>
(21) Number of children born to mother, including present birth <i>5</i>	(22) Number of children of this mother now living, including present birth <i>5</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) 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.)(24) (Signature) *J. A. White M.D.* (25) State whether Physician or Midwife *Physician* (26) Address of Physician or Midwife *Greenville, S.C. R-2*

Given name added from a supplemental report

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

(28) Filed *July 3, 1923* (29) *T. A. Jones* 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.