

(1) PLACE OF BIRTH

County of Union
 Township of Pineknob
 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. 4300 Registered No. 44.....
 (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 Mildred 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 1st (6) And Parents Married yes (7) DATE OF BIRTH July 16 1923
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. S. Vaughan Jr.

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Palmer

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Union County

(19) OCCUPATION Farming

(20) 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 6:40am.
 (on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Matilda East Union S.C.

Given name added from a supplemental report

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

(27) Filed Aug 8 1923 (28) D. P. Sullivan 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.