

(1) PLACE OF BIRTH

County of

Township of

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

File No.—For State Registrar Only

41697

Registration District No. 12-15

Registered No. 109

(For use of Local Registrar)

(2) Full Name of Child

not named

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. C. Vaughan

(9) PRESENT POSTOFFICE OF FATHER

Ridley S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Telephone System

MOTHER.

(14) NAME BEFORE MARRIAGE

Nessie Tucker

(15) PRESENT POSTOFFICE OF MOTHER

Ridley S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

13

(21) Number of children of this mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, stillborn, or on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed

19

(28) Local Registrar

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 be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.