

16 093419

## 1. PLACE OF BIRTH

County of ClarendonTownship of St. Jamesor  
Inc. Town of \_\_\_\_\_or  
City of \_\_\_\_\_(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1309 Registered No. \_\_\_\_\_

(For use of Local Registrar)

FILE No.—For State Registrar Only

00107

2. FULL NAME OF CHILD Etta Mae Vaughn

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

3. Boy or girl <u>Girl</u>	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents	8. Date of birth <u>June 16, 1916</u> (Month, day, year)
		5. Number, in order of birth	Full term	Married? <u>Yes</u>	

9. Full name  
FATHER  
Henry Vaughn18. Name before marriage  
MOTHER  
Charlotte Ragin10. Residence (mailing address) Clarendon Co., S.C.  
(If non-resident, give place and State)19. Residence (mailing address) Clarendon Co., S.C.  
(If non-resident, give place and State)11. Color or race negro 12. Age at child's birth 44 (years)20. Color or race negro 21. Age at child's birth 39 (years)13. Birthplace (city or place) Clarendon Co  
(State or country)22. Birthplace (city or place) Clarendon Co  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind of work done, at house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Number of children of this mother 8  
(At time of birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead (c) Stillborn28. If Stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 2 P.M. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Henry Vaughn, Parent

or \_\_\_\_\_, Guardian

Given name added from a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_Address Summerton, S.C.Filed Aug. 14, 19 22

Registrar.

R.E. Wells, C.C.C.P. Registrar.  
Martin B. Woodward, M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)