

16 093419

1. PLACE OF BIRTH

County of ClarendonTownship of St. James

Inc. Town of _____

City of _____

(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	5. Number, in order of birth	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>June 16, 1916</u> (Month, day, year)
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9. Full name <u>FATHER</u> <u>Henry Vaughn</u>	18. Name before marriage <u>MOTHER</u> <u>Charlotte Ragin</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>Clarendon Co., S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Clarendon Co., S.C.</u>
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11. Color or race <u>negro</u>	20. Color or race <u>negro</u>
12. Age at child's birth <u>44</u> (years)	21. Age at child's birth <u>39</u> (years)

13. Birthplace (city or place) (State or country) <u>Clarendon Co</u>	22. Birthplace (city or place) (State or country) <u>Clarendon Co</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, at house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
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 (At time of birth and including this child) <u>8</u>	(a) Born alive and now living <u>8</u>	(b) Born alive but now dead	(c) Stillborn
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28. If Stillborn, period of gestation	months	weeks	29. Cause of stillbirth	Before labor	During labor
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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 42

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)

11/2/42
H. B. Ragin