

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Use
5407

County of Union
Township of Boggsville
or
Inc. Town of Buffalo
or
City of

Registration District No. 4203 Registered No. 15
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ralph Lee Vaughn If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Foreign Marriages <i>yes</i>	(7) DATE OF BIRTH <i>Feb 20 1923</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	Clavel Vaughn	(14) NAME BEFORE MARRIAGE	Venus Parsons
(2) PRESENT POSTOFFICE OF FATHER	Buffalo SC	(15) PRESENT POSTOFFICE OF MOTHER	Buffalo SC
(10) COLOR OR RACE	white	(16) COLOR OR RACE	white
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	17 (Years)
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Textile	(19) OCCUPATION	Domestic
(20) Number of children born to	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 18 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) <i>[Signature]</i>	(29) Address of Physician or Midwife <i>Buffalo, N.Y.</i>
(34) State whether Physician or Midwife <i>Midwife</i>	

Given name added from a supplementary report

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

(27) Date Mar 10 1929 (28) Jae F. Woodward 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.