

FORM NO. 6 MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Chickamauga
 or 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
77239

Registration District No. 2204 Registered No. 92
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 21, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Emish Pinkens Vaughn

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Wood Smith

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Greenville Co. S.C.

(19) OCCUPATION House Work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Marshall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Green S.C.

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

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

(27) Filed 10/9 1916 (28) J. V. James 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.