

MARGIN RESERVED FOR BINDING.

WRITE 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.

(1) PLACE OF BIRTH

County of Lancaster
Township of Little Creek
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

The No.—For State Registrar Only

35149

Registration District No. 2804

Registered No. 185
(For use of Local Registrar)

(2) Full Name of Child Lawson Vaughan
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ♂ (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Lawson Vaughan
(9) PRESENT POSTOFFICE OF FATHER Lancaster
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41
(Year) (12) BIRTHPLACE Lancaster Co
(13) OCCUPATION Blacksmith
(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Allice Vaughan
(15) PRESENT POSTOFFICE OF MOTHER Lancaster
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35
(Year) (18) BIRTHPLACE Lancaster Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)
(27) Filed 11-1-22 (28) [Signature] 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.