

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 Spartanburg  
 Township of Pleasant Hill  
 OR  
 Inc. Town of.....  
 OR  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
15548

Registration District No. 7406 Registered No. 80  
 (For use of Local Registrar)

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth To be answered only in event of Twins or Triplets 6) Are Parents Married? No 7) DATE OF BIRTH May 6, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME Unknown  
 9) PRESENT POSTOFFICE OF FATHER  
 10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... (Years)  
 12) BIRTHPLACE  
 13) OCCUPATION

**MOTHER.**  
 14) NAME BEFORE MARRIAGE Daisy Vaughan  
 15) PRESENT POSTOFFICE OF MOTHER Pleasant Hill S.C.  
 16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY..... (Years) 24  
 18) BIRTHPLACE Pleasant Hill S.C.  
 19) OCCUPATION Farming

20) Number of children born to mother, including present birth { } 21) Number of children of this mother now living, including present birth { 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Laura Bush  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pleasant Hill S.C.

Given name added from a supplemental report  
 .....

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

(27) Filed May 22, 1922 (28) E. J. Hammond 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.

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.

Ward  
 make  
 directed  
 22  
 28  
 130  
 M. or P. M.  
 or Midwife  
 25  
 Registrar  
 a return  
 28