

(1) FROM COUNTY

County of MarionTownship of Marionor Town of MarionCity of Marion

(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

No. 5307Registration District No. 42-A Registering No. 20(2) Full Name of Child Corinne Pearl Vaughan

If child is not yet named, make supplemental report as directed

(3) SEX Female(4) Type of Birth 1st(5) Number of Births to Mother 1st(6) Date of Birth Feb 2 1923(7) DATE OF BIRTH Feb 2 1923(8) FULL NAME Giles F. Vaughan(9) NAME BEFORE MARRIAGE Schis Ashe(10) PRESENT POSTOFFICE OF FATHER Marion SC(11) PRESENT POSTOFFICE OF MOTHER Marion SC(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 31 (Years)(14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 29 (Years)(16) BIRTHPLACE Marion Co SC(17) BIRTHPLACE York Co SC(18) OCCUPATION Merchant(19) OCCUPATION None(20) Number of children born to mother, including present birth 1st(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 7:30 A.M. on the date above stated. (Born alive or stillborn, A.M. or P.M.)(23) (Signature) G. P. Mallory(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

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

(27) Signed 3-10-23 (28) Edgar

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 stillborns before the fifth month of pregnancy.

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