

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.

McCall, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Cherokee STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Wadleyville State Board of Health

or
 Inc. Town of Registration District No. 1002 Registered No. 26.....
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76195

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1916</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Robert Daniel Vaughn

(9) PRESENT POSTOFFICE OF FATHER Wilkinsville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 56 (Years)

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 3.....

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Irene Bennett

(15) PRESENT POSTOFFICE OF MOTHER Wilkinsville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Union Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Byars

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wilkinsville SC

Given name added from a supplemental report

....., 191.....
Samm J. Strain.....
 Registrar

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

(27) Filed Sept 22, 1916 (28) Samm J. Strain.....
 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.