

(1) PLACE OF BIRTH  
County of Sumter  
Township of Sumter  
or  
Inc. Town of .....  
or  
City of S.C.  
(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

20382

Registration District No. 415Registered No. 91  
(For use of Local Registrar)(2) Full Name of Child Jessie Ryland Vaughn (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Ryland Vaughn  
9) PRESENT POSTOFFICE OF FATHER U. Sumter  
10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 22 years  
12) BIRTHPLACE Sumter  
13) OCCUPATION public work  
20) Number of children born to mother, including present birth 12

## MOTHER.

14) NAME BEFORE MARRIAGE Florence Johnson  
15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 18 years  
18) BIRTHPLACE Charleston S.C.  
19) OCCUPATION housekeeping  
21) Number of children of this mother now living, including present birth 12 children

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... 7... at am... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Belia Harris(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wash Liberty

Given name added from a supplemental report

Levithian Ryland Vaughn

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

(27) Filed June 14, 1922 (28) D. O. Brown 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.

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