

(1) PLACE OF BIRTH

County of Union
 Township of Buckley
 or
 Inc. Town of
 or
 City of Beckley

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12301

Registration District No. 4. A. 05 Registered No. 2.1
 (For use of Local Registrar)

(2) Full Name of Child Ruth A. Vaughan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 10, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Randolph Vaughan
 (9) PRESENT POSTOFFICE OF FATHER Lockhart St
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Union St
 (13) OCCUPATION Crooner
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Brax
 (15) PRESENT POSTOFFICE OF MOTHER Beckley St
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Union St
 (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 born alive at 4 A. M. on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Charles Braxley M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Beckley St

(Given name added from a supplemental report)

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

(27) Filed May 7, 1923 (28) H. L. Garrison 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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