

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Little River
 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

7400

Registration District No. 2507 Registered No. 16
 (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 Samuel Vaughn If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? - 5) Number in order of birth -
 To be answered only in event of Twin or Triplet

6) Are Parents Married? yes 7) DATE OF BIRTH Feb 15 23
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Odrick Vaughn
 9) PRESENT POSTOFFICE OF FATHER Little River S.C.
 10) COLOR OR RACE colored 11) AGE AT LAST BIRTHDAY 65
 (Years)
 12) BIRTHPLACE Vaughn S.C.
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 9

MOTHER.

14) NAME BEFORE MARRIAGE Nettie Williams
 15) PRESENT POSTOFFICE OF MOTHER Little River S.C.
 16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 30
 (Years)
 18) BIRTHPLACE S.C.
 19) OCCUPATION House work
 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 2 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Linder Vaughn(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Little River 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 Feb 17 1923 (28) C. C. McCowley 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

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Census, Columbia, S. C.