

## (1) PLACE OF BIRTH

County of Union  
 Township of Buffalo  
 or  
 Inc. Town of Buffalo  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

Registration District No. 4203No. 5410 - For State Register Only

5410

Registered No. 19  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child General Vinson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are parents married yes(7) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gen. Boyd Vinson(9) PRESENT RESIDENCE OF FATHER Buffalo St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31  
(Years)(12) BIRTHPLACE Union County(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Beadie Price(15) PRESENT RESIDENCE OF MOTHER Buffalo St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:20 M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. H. Harmon(23) State whether Physician or Midwife M.D.(24) Address of Physician or Midwife Buffalo St

Given name added from a supplemental report

(25) Witness

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

(26) Signed Mar. 10, 1923(27) Local Registrar J. F. Woodward

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.