

10. 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.

1 PLACE OF BIRTH

COUNTY OF Richmond

CERTIFICATE OF BIRTH
COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

50011

MUNICIPAL DISTRICT OR

INCORPORATED TOWN OR

CITY OF Richmond

REGISTRATION DISTRICT NO.

Westmoreland Place

3179

REGISTERED NO. (FOR USE OF LOCAL REGISTRAR)

OCT 18 1922

2 FULL NAME OF CHILD

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

Dorad Dupuy Vaughan

(Do not write in this space if child is not yet named. Make supplemental report as directed)

3 BIRTH OR

To be answered ONLY in event of plural births

4 Twin, triplet or other

5 Number, in order of birth

6 ARE PARENTS MARRIED

Yes

7 DATE OF BIRTH

Oct 9 1922
(Name of Month) (Day) (Year)

8 FULL NAME OF FATHER

Warren Taylor Vaughan

16 FULL NAME OF MOTHER BEFORE MARRIAGE

Emma Heath

9 PRESENT ADDRESS (Usual place of abode)

Westmoreland Place

17 PRESENT ADDRESS (Usual place of abode)

Westmoreland Place

10 WHITE OR COLORED?

White

11 AGE AT LAST BIRTHDAY

29
(Years)

18 WHITE OR COLORED?

White

19 AGE AT LAST BIRTHDAY

30
(Years)

12 BIRTHPLACE (city or place)

Marshall, Mich.

20 BIRTHPLACE (city or place)

Toledo Ohio.

13 OCCUPATION

Physician

21 OCCUPATION

Housewife

14 DID YOU USE THE DROPS IN THE BABY'S EYES?

Yes.

22 NUMBER OF CHILDREN OF THIS MOTHER

(Taken as of time of birth of child herein certified and including this child)

4

15 IF NOT, TELL WHY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

23 I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS

Alive

(Born Alive or Stillborn)

AT 11¹⁵ 9 M.
(Hour A. M. or P. M.)

*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.

24 (SIGNATURE)

M. L. Anderson

25 STATE WHETHER PHYSICIAN OR MIDWIFE

Physician

26 ADDRESS OF PHYSICIAN OR MIDWIFE

928 W. 9th

30 ADDITIONAL INFORMATION ADDED FROM A SUPPLEMENTAL REPORT FROM

27 WITNESS

(Signature of Witness necessary only when question 24 is stated "No" mark)

28 FILED

(Date Received by Registrar)

M. L. Anderson

LOCAL REGISTRAR

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN (10) DAYS AFTER BIRTH IN THE COUNTIES, EARLIER IN CITIES

This is to certify that this is a true and correct reproduction of the original record filed with the Bureau of Vital Statistics, Virginia Department of Health, Richmond, Virginia

R. M. Hix

JUN 26, 1967

Date Issued

DEANE HUXTABLE, State Registrar

Gen # 2