



PUBLIC HEALTH COUNCIL

JOHN M. LEE, M.D., CHAIRMAN, NASHVILLE
OREN A. OLIVER, D.D.S., VICE CHAIRMAN, NASHVILLE
J. R. THOMPSON, JR., M.D., SECRETARY, JACKSON
L. F. MITCHELL, PH.G., NASHVILLE
R. B. WOOD, M.D., KNOXVILLE
W. K. VANCE, JR., M.D., BRISTOL
MRS. FERDINAND POWELL, JOHNSON CITY
J. U. SPEER, M.D., PULASKI
W. D. KEY, M.D., MEMPHIS

W. C. WILLIAMS, M.D.
COMMISSIONER OF PUBLIC HEALTH

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE

Certified Copy Number
P 82375

ALTERED 6-2-43 BY AFFIDAVIT ON FILE WITH STATE REGISTRAR. FILE NO. a-2634

1. PLACE OF BIRTH STATE OF TENNESSEE
County or Overton STATE DEPARTMENT OF HEALTH
Civil Dist. 7 DIVISION OF VITAL STATISTICS CERTIFICATE OF BIRTH
Registration District No. 44807 File No. 51212
Inc. Town _____ Primary Registration Dist. No. 44807 Registered No. _____
City _____ (No. _____) St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed

2. FULL NAME OF CHILD William Wallace Vaughn
Becher

| | | | |
|------------------------------------|----------------------------------|----------------------|------------------------------------|
| 3. Sex <u>Male</u> | 4. Twin, triplet, or other _____ | 6. Premature _____ | 8. Date of Birth <u>Dec 3 1933</u> |
| 5. Number, in order of birth _____ | 7. Legitimate? <u>Yes</u> | Full term <u>Yes</u> | Month, day, year |

| | | | |
|--|--|--|--|
| FATHER | | MOTHER | |
| 13. Full name <u>Venson Vaughn</u> | 18. Full maiden name <u>Maynell Wallace</u> | 19. Residence (usual place of abode) <u>Overton</u> | 20. Residence (usual place of abode) <u>Overton</u> |
| 21. Color or race <u>W</u> | 22. Age at last birthday <u>30</u> (years) | 23. Color or race <u>W</u> | 24. Age at last birthday <u>27</u> (years) |
| 25. Birthplace (city or place) <u>Stem</u> | 26. Birthplace (city or place) <u>Stem</u> | 27. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookkeeper, etc. <u>Farmer</u> | 28. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House work</u> |
| 29. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | 30. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ | 31. Date (month and year) last engaged in this work _____ | 32. Date (month and year) last engaged in this work _____ |
| 33. Total time (years) spent in this work _____ | 34. Total time (years) spent in this work _____ | 35. Number of children born to this mother including this child _____ | 36. (a) Total number now living <u>2</u> |
| 37. (b) Total number born alive but now dead <u>0</u> | 38. (c) Total number stillborn <u>1</u> | 39. (d) Born at full term _____ | 40. If stillborn, _____ |
| 41. Months or weeks _____ | 42. Cause of stillbirth _____ | 43. Before labor _____ | 44. During labor _____ |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated (Born alive or stillborn)
(Signed) Edna Becher M.D.
or _____, Midwife
Give name added from a supplemental report _____
Address Livingston Tenn
(Date of) J.H. Sells Registrar. Filed Dec 7, 1933

I hereby certify the above to be a true and correct copy of the original record on file in this office. (Not valid unless countersigned by Acting Director, Division of Vital Statistics)

W.C. Williams
State Registrar of Vital Statistics

Date Issued 6/2/43

DePuren
Acting Director, Division of Vital Statistics