

Form 5-6

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of City
 or
 Inc. Town of Orangeburg, SC
 or
 City of Orangeburg, SC (No. 33 Bain St.)
 (If birth occurs in a hospital or other institution, give name of same and street and number.)

(2) Full Name of Child Jubela Vaughn

Registration District No. 36-a Registered No. 32
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yo (7) DATE OF BIRTH Feb 20 1922
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME WS Vaughn
 (9) PRESENT POSTOFFICE OF FATHER 33 Bain St
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Miss Land

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Morris
 (15) PRESENT POSTOFFICE OF MOTHER Bain St (33)
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Orangeburg SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4
 (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 8:30 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. S. Schaffer
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Physician Schaffer

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/3 (28) W. H. Hughes 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.

Registrar

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