

1) PLACE OF BIRTH

County of LaurensTownship of Sullivan

Inc. Town of.....

City of Wade Shook

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

(2) Full Name of Child Nella Vaughan

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. F. Vaughan

(9) PRESENT POSTOFFICE OF FATHER

Wade Shook SC(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

47

(12) BIRTHPLACE

Laurens Co SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Kelly

(15) PRESENT POSTOFFICE OF MOTHER

Wade Shook SC(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

44

(18) BIRTHPLACE

Anderson Co SC

(19) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

13

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 5 1922(28) J. M. Sullivan

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only

31001

Registration District No. 2900Registered No. 64

(For use of Local Registrar)

St.; Ward)