

MAILED SEP 10 1922
 STATE OF SOUTH CAROLINA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 No. 1. TITLE OTHER, No. 2, etc., in question 5.
 No. 3. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BOUN, No. 1. TITLE OTHER, No. 2, etc., in question 5.
 No. 4. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BOUN, No. 1. TITLE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Cheslerfield S.C.
 Township of C.H.
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
797

Registration District No. 1203 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child.....

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Roland H Vaughn</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Threlk</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chestfield S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chestfield S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)			
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>S.C.</u>	
(19) OCCUPATION <u>Housewife</u>			(20) BIRTHPLACE <u>S.C.</u>	
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife
Physician
 (25) Address of Physician or Midwife
Chestfield S.C.

Given name added from a supplemental report

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

(27) Filed Feb 9 1922 (28) M. S. Wright
 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.