

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHEN CLAIMED, 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.

State of Columbia

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

(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

42999

Registration District No. 2206

Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child

Jacob Vaughn

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

1916

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

John Vaughn

(9) PRESENT POSTOFFICE OF FATHER

Ft Smith, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Lawrence, Co.

(13) OCCUPATION

Barber.

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Grumbles

(15) PRESENT POSTOFFICE OF MOTHER

Ft Smith, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Lawrence, Co.

(19) OCCUPATION

Housework

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Alive

at 3 A.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jos. A. Thomas

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Ft Smith, 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 Jan 10 1916

(28) J. B. Duckett

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.