

Form No. 10.

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.

City of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

42999

(1) PLACE OF BIRTH Greenville County of Greenville Township of Ft 9 mi Inc. or Town of Ft 9 mi City of Ft 9 mi Registration District No. 2206 Registered No. 102 (For use of Local Registrar) (No. of other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child Jacob Vaughan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH 7 5 1916 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME John Vaughan (9) PRESENT POSTOFFICE OF FATHER Ft 9 mi, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years) (12) BIRTHPLACE Laurens, 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 9 mi, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years) (18) BIRTHPLACE Laurens, 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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. A. Thomason

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ft 9 mi, 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. Duckitt 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.