

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3591

County of

Chester

Township of

OR

Inc. Town of

OR

City of

Chester

Registration District No.

11A

Registered No.

20

(For use of Local Registrar)

(No.

Fivekney

St.

Ward

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

(2) Full Name of Child

Nashleen White Vaughan

is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 22 1922

(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Chas. Elford Vaughan

(9) PRESENT POSTOFFICE OF FATHER

Chester SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Shantenburg Co SC

(13) OCCUPATION

Barber

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Maud White

(15) PRESENT POSTOFFICE OF MOTHER

Chester SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Chester Co

(19) OCCUPATION

House wife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

at 4 P. M. on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature of)

Dr. E. Robinson

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Chester SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed "yes" mark)

(27) Filed

Jan 22 1922

(28) 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.

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RECORD OF BIRTHS - THIS IS A PERMANENT RECORD. 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.