

MARGIN RESERVED FOR BINDING.

NO. 4

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.

McCaw, 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.) St.; Ward

(2) Full Name of Child.

File No.—For State Registrar Only

75040

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-5-5 Registered No. 518

(For use of Local Registrar)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE BIRTH

Aug. 2, 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Jas. E. Leaser Vaughn

(9) PRESENT POSTOFFICE OF FATHER

Union S. C. R. H. D. 5

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

Union Co. S. C.

(13) OCCUPATION

Farmer

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

7

(14) NAME BEFORE MARRIAGE

Bell Name

(15) PRESENT POSTOFFICE OF MOTHER

Union S. C. R. H. D. 5

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Union Co. S. C.

(19) OCCUPATION

Domestic

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

at 11 P. M. (Both 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

191

Registrar

(26) Witness

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

(27) Filed Aug. 5, 1916

(28) D. G. Gallman

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.