

WRITE PLAINLY. WITH FADING 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 8.
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Wm.burg
Township of Mingo #9
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. 2659 State Registrar Only

Registration District No. 4307 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Elliot Snow Jr

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 14 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elliot Snow
(9) PRESENT POSTOFFICE OF FATHER Monroeville
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE Wm.burg Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Lessie Lyle
(16) PRESENT POSTOFFICE OF MOTHER Monroeville
(18) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Georgetown Co.
(19) OCCUPATION Farmer
(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 alive at 12:30 AM on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 8/17 1923 (28) H. E. Jones 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.