Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3024

County of Berkeley
Township of 1st. S. Stephens
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.)

Registration District No. 705 Registered No. 5
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Lizzie Snipe

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

(3) BOY OR GIRL? G
(4) Twin or Triplet Twin
(5) Number in order of birth 1
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Feb. 5, 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Isaac Snipe	(14) NAME BEFORE MARRIAGE	Lizzie Young Prince
(9) PRESENT POSTOFFICE OF FATHER	Russellville	(15) PRESENT POSTOFFICE OF MOTHER	Russellville
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Russellville	(18) BIRTHPLACE	Russellville
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	11	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Burgess
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Russellville

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Feb. 24, 1923 (28) M. A. Flood
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make [illegible]
If a child breathes even once, it must not be reported as stillborn. No report is desired of [illegible] before the [illegible] of pregnancy.