

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of McClellanville

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
45653Registration District No. 966 Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Jessie Phemie Patta Snyder If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan. 2, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Jessie Snyder(9) PRESENT POSTOFFICE OF FATHER Santee(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Santee(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Phemie Gantt(15) PRESENT POSTOFFICE OF MOTHER Santee(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Santee(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) I. B. Gentry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeSantee

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 Jan. 12, 1916 (28) Geo. E. Beckman 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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