

(1) PLACE OF BIRTH OF CHILD
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston, SC (No. 32 New St)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

41237
1878

Registration District No. 9 Registered No. 1878
(For use of Local Registrar)
M.I.
If child is not yet named, make supplemental report as directed

2) Full Name of Child Julia Snells

(1) BOY OR GIRL? Girl Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? To (7) DATE OF BIRTH Dec 26 22
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE MOTHER. Emily Stevens

(8) FULL NAME George Snells (15) PRESENT POSTOFFICE OF FATHER Charleston, SC

(9) PRESENT POSTOFFICE OF FATHER Charleston, SC (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Charleston, SC

(13) OCCUPATION Day labor (18) BIRTHPLACE Charleston, SC

(19) OCCUPATION Home duties

(20) Number of children born to mother, including present birth One (1) (21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1025 P.M. (Born alive or stillborn) (How A. M. or P.M.)
on the date above stated.

(23) (Signature) Platnick (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 65 Poplar St. Charleston, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed as blank)

(27) Filed 12/28/22 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, as 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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