

(1) PLACE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA
 Town-ship of Cherokee Bureau of Vital Statistics
 Inc. Town of State Board of Health

File No. — For State Registrar Only

2486

Registration District No. 40079 Registered No. 1500
 (For use of Local Registrar)

City of (No. St. Ward) ...
 If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child. Ruth Elizabeth Snodgrass (Child is not yet named, make supplemental report as directed)

(3) SEX Female (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1922
 (Name of Month) (Day) (Year)

FATHER.
 FULL NAME James S. Snodgrass

(8) PRESENT POSTOFFICE OF FATHER Cherokee

(9) COLOR White (10) AGE AT LAST BIRTHDAY 40
 (Years)

(11) BIRTHPLACE S.C.

(12) OCCUPATION Managerial

(13) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Carrie Cudd

(15) PRESENT POSTOFFICE OF MOTHER Cherokee

(16) COLOR White (17) AGE AT LAST BIRTHDAY 41
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeping

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) J. E. McPherson

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Cherokee

Given name and from a supplemental report

12/8/43
L. A. Rouse
 Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 2/11/22 (27) Local Registrar J. Blockwell

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.