

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Belton  
 or  
 Inc. Town of Belton  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

13571

Registration District No. 300 Registered No. 69  
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.) St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child Annie Laura Snipes

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

(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth 4th (6) Are Parents Married? yes (7) DATE OF BIRTH May 11 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Grady Snipes  
 (9) PRESENT POSTOFFICE OF FATHER Belton S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Belton S.C.  
 (13) OCCUPATION Textile

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Eunice Swink  
 (15) PRESENT POSTOFFICE OF MOTHER Belton S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Hart Co., Ga.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth four  
 (21) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:25 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) C. G. Ladd(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) May 9 1922 (28) J. H. Foster 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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