

(1) PLACE OF BIRTH

County of SalisburyTownship of SalisburyInc. Town of J.City of (No.)

(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

18311

Registration District No. 1310 Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Mary Louise Snuggs If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles C. Snuggs(9) PRESENT POSTOFFICE OF FATHER Harbottle, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Maybark Griffith(15) PRESENT POSTOFFICE OF MOTHER Harbottle P.O. #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William D. Snuggs(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Harbottle S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filled July 18, 1912 (28) W. M. McKeen 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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