

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for this Register 33013

County of Spartanburg Co.  
City of Kendville

In Year of .....

Registration District No. 4007

Registered No. 35  
(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.)

Full Name of Child Cora Olivia Snow

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

Sex Female (1) Type of Report Birth (2) Number in order of birth 1 (3) Age of Mother 38 (4) Date of Birth Sept. 11 (5) Year 1923  
To be entered only in case of Twin or Triplets (Month of Birth) (Day) (Year)

FATHER  
Name Malter Snow  
Place of Birth Kendville SC  
Color white (11) Age at last birthday 38 (Year)  
Residence Spartanburg Co.  
Occupation Farmer  
Date of entry into this country 1907

MOTHER  
(14) Name before marriage Cora Hendrix  
(15) Present residence of mother Kendville S.C.  
(16) Color white (17) Age at last birthday 33 (Year)  
(18) Birthplace Spartanburg Co.  
(19) Occupation Housewife  
(20) Number of children of this mother now living, including present birth 17

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. H. Wright (23) Address of Physician or Midwife Farmington St.  
(24) State whether Physician or Midwife

Name and address of a supplemental report  
19  
Registrar

(25) Witness (Signature of Witness necessary when question 23 is signed by father)  
(26) Date Sept. 12 (27) Local Registrar

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