

Form No. 8

(1) PLACE OF BIRTH

County of DarlingtonTownship of Kagaror
Inc. Town of _____

City of _____

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

Registration District No. 1705

FILE NO. For State Registrar Only

40049Registered No. 1

(For use of Local Registrar.)

(2) Full Name of Child Martha Snook
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 2

To be answered only in event of Twins or Triplets

(5) Number in order of birth 3(6) Are Parents Married? Y/S

(7) DATE OF BIRTH

Dec 2nd 1923
(Name of Month) (Day) (Year)**FATHER**(8) FULL NAME Charlie Snook(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Sea Mill Laborer(14) Number of children born to mother, including present birth 3**MOTHER**(14) NAME BEFORE MARRIAGE Lisleen Roberson(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth None**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at Reevesville S.C. at 2 P.M. Dec 2nd 1923
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles E. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Reevesville S.C.

Give name added from a supplemental report

(26) Witness

E. C. Eberhardt

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

(27) Filed Dec 2nd 1923(28) E. C. Eberhardt

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.