

MAKING RECORDS OF BIRTHS—THIS IS A PERMANENT RECORD, and mark the
 NAME PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Bethesda
 or
 Inc. Town of Bethesda
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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
33009

Registration District No. 300 Registered No. 157
 (For use of Local Registrar)

(2) Full Name of Child Calvin Brown
 (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? — 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH 9-12-22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>E. B. Snodgrass</u>	14) NAME BEFORE MARRIAGE <u>Lula Wordlaw</u>	15) PRESENT POSTOFFICE OF FATHER <u>Bethesda S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Bethesda S.C.</u>
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>50</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>42</u> (Years)
12) BIRTHPLACE <u>Bethesda S.C.</u>	18) BIRTHPLACE <u>Bethesda S.C.</u>	19) OCCUPATION <u>Farmer & Merchant</u>	19) OCCUPATION <u>Domestic</u>
20) Number of children born to mother, including present birth <u>2</u>	21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was John at 12:30 PM on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Snodgrass
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bethesda S.C.

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 22 1922 (28) Mag. O. Arthur 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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RECEIVED BY COLUMBIA, S. C.

McGAW