

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
45699

County of .....  
Township of .....  
or  
Inc. Town of ..... Registration District No. .... Registered No. 4  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. .... Sarah ..... { 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 July 31 1916  
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Jacob P Sneed  
(9) PRESENT POSTOFFICE OF FATHER Blacksburg SC  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Laurens Co SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth } 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Lula Byers  
(15) PRESENT POSTOFFICE OF MOTHER Blacksburg SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Chester Co SC  
(19) OCCUPATION A wife  
(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 P ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... J. M. Caldwell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blacksburg, S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

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

(27) Filed Jan 21 1916 (28) J. S. Roberts  
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.

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.

McCaw, of Columbia