

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *James Lantee*

Inc. Town of *Mc Clellanville*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88851

Registered No. *95*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Howard Lee Snyder*

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 *7* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 7 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Charles Snyder*
(9) PRESENT POSTOFFICE OF FATHER *Mc Clellanville*
(10) COLOR OR RACE *Wegro* (11) AGE AT LAST BIRTHDAY *10 16*
(12) BIRTHPLACE *Charleston Co*
(13) OCCUPATION *Day Labor*
(20) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Louisa Howard*
(15) PRESENT POSTOFFICE OF MOTHER *Mc Clellanville*
(16) COLOR OR RACE *Wegro* (17) AGE AT LAST BIRTHDAY *10 16*
(18) BIRTHPLACE *Charleston*
(19) OCCUPATION *Field Hand*
(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4:30 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Marion Maxwell*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mc Clellanville*

Given name added from a supplemental report

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

(27) Filed *Dec 15 1916* (28) *Ges. E. Beckman* 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.