

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

34078

Registration District No. 1.603

Registered No. 156

(For use of Local Registrar)

(2) Full Name of Child

Lula Snipes

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

(3) SEX OR

CHILD

Girl

(4) Twin

or Triplet?

No

(5) Number in

order of birth

1

(6) Are

Parents

Married

(7) DATE OF

BIRTH

Sept 29, 1925

(Name, Month, Day, Year)

FATHER

(8) FULL

NAME

James S. Snipes

(9) PRESENT

POSTOFFICE

OF FATHER

Lake View S.C.

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Robeson Co. N.C.

(13) OCCUPATION

Farming

(20) Number of children born to

mother, including present birth

Six

MOTHER

(14) NAME BEFORE

MARRIAGE

Mattie Lee

(15) PRESENT

POSTOFFICE

OF MOTHER

Lake View S.C.

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Robeson Co. N.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lula Snipes at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lake View S.C.

Given name added from a supplement report

(26) Witness

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

(27) Filed 10-25-25

(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, or other person who first discovers the child must report the birth to the Registrar. If a child breathes even once, it must not be reported as stillborn. No report should be made before the fifth month of pregnancy.

MAKEN RESERVED FOR BIRTH

When placed, this statement 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.

McGraw-Hill, Columbia, S. C.