

MARGIN RESERVED FOR BINDING.  
 WRITE 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.

(1) PLACE OF BIRTH

County of Albany  
 Township of Albany  
 or  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only

12342

Registration District No. 3605 Registered No. 36  
 (For use of Local Registrar)

(2) Full Name of Child Juline Emma Snell St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 child is not yet named, make supplemental report as directed

(3) Sex Female (4) Twin or Triplet No. (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 10 1922  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Hampton S. Snell</u>	(14) NAME BEFORE MARRIAGE <u>Agnes R. Dauter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cameron S. R.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron S.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>Orangeburg S.C.</u>	(18) BIRTHPLACE <u>Orangeburg S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer's wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was white at 6 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Snell Jr.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cameron P. R.  
 (26) Witness Hannah Edwards (Signature of Witness necessary only when question 23 is signed "No.")  
 (27) Date Feb 16 1922 (28) Local Registrar H. M. Snell Jr.

Given name added from a supplemental report \_\_\_\_\_  
 (29) \_\_\_\_\_  
 (30) \_\_\_\_\_  
 (31) \_\_\_\_\_  
 (32) \_\_\_\_\_  
 (33) \_\_\_\_\_  
 (34) \_\_\_\_\_  
 (35) \_\_\_\_\_  
 (36) \_\_\_\_\_  
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 (45) \_\_\_\_\_  
 (46) \_\_\_\_\_  
 (47) \_\_\_\_\_  
 (48) \_\_\_\_\_  
 (49) \_\_\_\_\_  
 (50) \_\_\_\_\_

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.