

(1) PLACE OF BIRTH

County of

Township of

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

39469

Registration District No. 3402

Registered No. 129

(For use of Local Registrar)

(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

William Kelly Snellgrove

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

10/4/1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

J. B. Snellgrove

(9) PRESENT POSTOFFICE OF FATHER

Whitman

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Saluda Co.

(13) OCCUPATION

Cotton mill

(20) Number of children born to mother, including present birth

3

MOTHER

(14) NAME BEFORE MARRIAGE

Mar. Beard

(15) PRESENT POSTOFFICE OF MOTHER

Whitman

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Newbury Co.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 12 1922

(28)

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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