

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

44777

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4104 Registered No. 171

(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1915

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

FATHER.

(8) FULL NAME Joseph Snow (9) PRESENT POSTOFFICE OF FATHER Tridale St. (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE Sumter Co. S.C. (13) OCCUPATION Farmer (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Willie B. Buzard (15) PRESENT POSTOFFICE OF MOTHER Tridale St. (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (18) BIRTHPLACE Clarendon Co. S.C. (19) OCCUPATION Farm Hand (20) 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 female at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel H. Hays (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tridale St.

Given name added from a supplemental report

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

(27) Filed

Dec 24 1915

(28) J. T. Buzard

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.

*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 PAGE FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia

McCaw