

MARKED "TWIN" AND "TRIPLET" SHOULD BE PLACED IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE HEADS FOR EACH CHILD AND MARK "TWIN" OR "TRIPLET" IN QUESTION 5.
 State of Columbia

(1) PLACE OF BIRTH

County of Sumter

Township of Walter

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

44777

Registration District No. 4104 Registered No. 171
 (For use of Local Registrar)

(2) Full Name of Child Cloy Snow { If child is not yet named, make supplemental report as directed

(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
To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Snow

(9) PRESENT POSTOFFICE OF FATHER Tridale St.

(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Willie B. Buzard

(15) PRESENT POSTOFFICE OF MOTHER Tridale St.

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Clandon Co. S.C.

(19) OCCUPATION Farm Hand

(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 female at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Kearney

(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.

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