

## (1) PLACE OF BIRTH

County of Greenville, S.C.

Township of .....

or

Inc. Town of .....

or

City of Greenville

(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

42604

Registration District No. .... Registered No. 545

(For use of Local Registrar)

EMMA MOSS' BOOTH, MEMORIAL HOSPITAL

(No. .... Ward)

(2) Full Name of Child Snelgrove, Raymond (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Nov 4 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jesse Smith</u>	(14) NAME BEFORE MARRIAGE <u>Ruth Snelgrove</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Unknown</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Unknown</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>mill hand</u>	(19) OCCUPATION <u>house work</u>
(20) Number of children born to mother, including present birth <u>1st</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... alive... at 3:00 A.M., on the date above stated. (Born alive or stillborn. (Hour, M., or P.M.))(23) (Signature) Wm E White md(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1014 E. North st.

Given name added from a supplemental report

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

(27) Filed Jan 9 1923 (28) A. H. Mackay 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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