

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Bulletts Creek
or
Inc. Town of.....
or
City of.....
(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

75222

Registration District No. 4403 Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child Unnamed Snars If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>William Brooks Snars</u>	(14) NAME BEFORE MARRIAGE <u>Cassie Montrose Gove</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>82</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>York Co. S.C.</u>	(18) BIRTHPLACE <u>York Co. S.C.</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housekeeping</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 born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Gove M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Hickory Grove S.C.

Given name added from a supplemental report

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

(27) Filed Aug. 16, 1916 (28) J. E. McClellan
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.