

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of .....

or City of Greenville, S.C.

(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

42709

Registration District No. 23983Registered No. 406

(For use of Local Registrar)

(2) Full Name of Child William Snelton

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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 26 22

To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME William Samuel Snelton (14) NAME BEFORE MARRIAGE Mathie Mae Waldrup

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22

(Years) (Years)

(12) BIRTHPLACE Ill. (18) BIRTHPLACE Al.

(13) OCCUPATION Stitch (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2 hrs. on the date above stated. (Hour, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Snelton, Greenville, S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Registrar

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.