

(1) PLACE OF BIRTH

County of MarionTownship of Peaveror
Inc. Town ofor
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

73871

Registration District No. 3205 Registered No. 282
(For use of Local Registrar)(2) Full Name of Child Thelma Snipes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 29, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Lannie S. Snipes(9) PRESENT POSTOFFICE OF FATHER Mullins S.C. R # 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Marion County S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Letha Biggs(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C. R # 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Dillon County S.C.(19) OCCUPATION House wife(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 at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. S. Snipes(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Mullins R # 2

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness L. S. Snipes
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 28, 1914 (28) J. C. Moody
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.

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.

McCaw, of Columbia.