

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 3.

ISSUED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of DeKalb
Township of Parky Spring
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

40659

Registration District No. 216 Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 4 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Herbert Alonza Snipes

(9) PRESENT POSTOFFICE OF FATHER

Seivern S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Cora Estelle Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Seivern S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 born alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. A. Wullock, M.D.

(24) Whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed Dec 27 1922(28) J. P. Paul

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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