

(1) PLACE OF BIRTH

County of *York*Township of *Stevens*Inc. Town of *Stevens*City of *Stevens*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

9529

Registration District No. *4404*Registered No. *21*
(For use of Local Registrar)(No. *Aracoon*)

(If birth occurs in a hospital or other institution, give name to name instead of street and number.)

(2) Full Name of Child *William Snyder* (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 *Feb 19 1922*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Wm. L. Snyder*(9) PRESENT POSTOFFICE OF FATHER *Rock Hill S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *23*(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Wool mill - operative*(20) Number of children born to mother, including present birth *One*

MOTHER

(14) NAME BEFORE MARRIAGE *Mary Kennon*(15) PRESENT POSTOFFICE OF MOTHER *Rock Hill S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *22*(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9:00* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. L. Lacey*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Rock Hill S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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 should be reported as a birth. No report is desired of stillbirths before the sixth month of pregnancy.

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