

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. Philip*

Inc. Town of .....

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

No. 10 - For this Register

3291

Registration District No. *909*Registered No. *31*  
(For use of Local Registrar)(No. *10* Mile *St.*) ..... Ward (If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child

*Jane May Snypre*Sex *girl*Color *col*Age at last birthday *30*Place of birth *Beaufort S.C.*Occupation *Labour at Order Plant*Number of children born to mother, including present birth *3*Name before marriage *Martha Grace*Place of birth of mother *North Charleston*Color of mother *col*Age at last birthday of mother *25*Place of birth of mother *Hatterboro S.C.*Occupation of mother *Horse work*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* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) *4:30 P.M.*(23) (Signature) *Emma Dunning*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *10 Mile*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *March 6, 1923*(28) Registrar *C. J. Myers*

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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