

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Thomas
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6650

Registration District No. 707Registered No. 9
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Julius Snells (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 May 19 22
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James Snells</u>	(14) NAME BEFORE MARRIAGE <u>Pleasant Small</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wando SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wando SC</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Berkeley</u>	(18) OCCUPATION <u>Laborer</u>	(19) BIRTHPLACE <u>Berkeley</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>Nine</u>	(21) Number of children of this mother now living, including present birth <u>Six</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Emma Wandross
 (24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Wando SC

Given name added from a supplemental report: _____
 (26) Witness (Signature of witness necessary only when question 23 is signed by mark) _____
 (27) Date April 22 (28) W.E. Cook 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 sixth month of pregnancy.