

(1) PLACE OF BIRTH

County of Marion  
Township of Parsons  
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  
**7360**

Registration District No. 45.1.1 Registered No. 45.1.1  
(For use of Local Registrar)

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

(2) Full Name of Child Mathew Snowden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 25 1927  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Math Snowden  
(9) PRESENT POSTOFFICE OF FATHER Conway St. R. 4  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
(Year)  
(12) BIRTHPLACE Marion Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bonnie Bell Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Conway St. R. 4  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Year)  
(18) BIRTHPLACE Marion Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Edith J. Scott (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Conway St. R. 4

Given name added from a supplemental report

M. R. Snowden  
19 27  
Registrar

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

(27) Filed Apr 25 1927 (28) 6 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.

When children or triplets are a mother's first-born, No. 1. THEN OTHER No. 2, etc. In question 1.