

Form No. 1

## (1) PLACE OF BIRTH

County of BersieleyTownship of 1stor  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Leila Garis Snipes (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL .. (4) Twin or Triplet? .. (5) Number in order of birth .. (6) Are Parents Married? .. (7) DATE OF BIRTH Dec 8 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Wm E Snipes</u>	(14) NAME BEFORE MARRIAGE <u>Leila Garis Snipes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Goodsville, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Goodsville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)
(12) BIRTHPLACE <u>Farmer</u>	(18) BIRTHPLACE <u>Callisto Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Phiby Crawford

(24) State 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)

(27) Filed 12/14 1922 (28) J. J. Crawford 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 stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the M. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OPTION, No. 2, etc., in question 6.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.