

Form No. 1

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Mingo
 or
 Inc. Town of
 or
 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

File No.—For State Registrar Only
50713

Registration District No. 4307 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Lizabell Snow St.: Ward:
 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 No (6) Are Parents Married? No (7) DATE OF BIRTH Jan 25 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. Snow
 (9) PRESENT POSTOFFICE OF FATHER Morrisville SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years) 24
 (12) BIRTHPLACE So. Carol.
 (13) OCCUPATION Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Snow
 (15) PRESENT POSTOFFICE OF MOTHER Morrisville SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 25
 (18) BIRTHPLACE So. Carol.
 (19) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 6
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive, at P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Liddie B. Bredon
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness G. E. Broadway
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/20 1914 (28) G. E. Broadway 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.

MAKING PRESERVED FOR RECORD.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia