(1) PLACE OF BIRTH

County of Umsbrug

Township of Mingo #9

or

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 30523

Registration District No. 4207. Registered No. 22 (For use of Local Registrar)

(2) Full Name of Child Vernie Snow (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 — To be answered only in event of Twins or Triplets | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sept 3, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hazard Snow

(9) PRESENT POSTOFFICE OF FATHER Monsville

(10) COLOR OR RACE Col- (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Umsbrug Co

(13) OCCUPATION farm hd -

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Cox

(15) PRESENT POSTOFFICE OF MOTHER Monsville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Umsbrug Co -

(19) OCCUPATION farm hd

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) .....

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 20 1923 (28) J. G. Greer 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

State of Columbia, Columbia, S. C.