

(1) PLACE OF BIRTH

County of Laurens

Township of 1

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

65253

Registration District No. 3109

Registered No. 7

(For use of Local Registrar)

(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 Charles Edwin Snelgrove

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 5

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 16 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eric Cleveland Snelgrove

(14) NAME BEFORE MARRIAGE Eliza Elizabeth Tyler

(9) PRESENT POSTOFFICE OF FATHER Laurens

(15) PRESENT POSTOFFICE OF MOTHER Laurens

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Laurens

(18) BIRTHPLACE Laurens

(13) OCCUPATION laborer

(19) OCCUPATION domestic duties

(20) Number of children born to mother, including present birth 9

(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 born at Laurens 6-20 M., on the date above stated. (Boy or Girl) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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)

191... Registrar

(27) File July 3 1916 (28) W P Roof 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.

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WHEN STATEMENT IS MADE BY FATHER OR OTHER PERSON OTHER THAN A REGISTERED PHYSICIAN OR MIDWIFE, THE STATE BOARD OF HEALTH, COLUMBIA, S. C., WILL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED. THIS STATEMENT IS NOT VALID UNLESS THE SIGNATURE OF THE FATHER OR OTHER PERSON IS SUBMITTED TO THE STATE BOARD OF HEALTH, COLUMBIA, S. C., WITHIN THE TIME SPECIFIED IN THE NOTICE.