

(1) PLACE OF BIRTH

County of AndersonTownship of Beltou

Inc. Town of

City of Beltou

(If birth occurs in a hospital or other institution give name 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

5798

Registration District No. 3.0.0. Registered No. 40

(For use of Local Registrar)

(No. P.T.D. 2 St. 1 Ward 1)(2) Full Name of Child John Snowden

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u>—</u> To be covered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Mar. 23, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Snowden(9) PRESENT POSTOFFICE OF FATHER Beltou S.C. P.T.D. 5(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Anderson Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Polly Webb(15) PRESENT POSTOFFICE OF MOTHER Beltou S.C. P.T.D. 2(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Anderson Co., S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. G. Ladd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beltou S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 30 1923 (28) J. T. Allen 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.