

(1) PLACE OF BIRTH

County of PickensTownship of Central

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

8806

Registration District No. 322 Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child Joseph Earl Dimples If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Feb. 14</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wendell Snipes(9) PRESENT POSTOFFICE OF FATHER Calhoun S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Anderson(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McCollum(15) PRESENT POSTOFFICE OF MOTHER Calhoun S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Pickens(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at _____ on the date above stated. (Hour A. M. or P. M.) P.M.(23) (Signature) L. L. Alexander(24) State whether Physician or Midwife (25) Address of Physician or Midwife Calhoun S.C.

Given name added from a supplemental report

(26) Witness Mrs. Earnest Holden
(Signature of Witness necessary only when question 23 is signed by mark)(27) Not 12-12-22 (28) J. H. Beardsley 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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