(1) PLACE OF BIRTH

County of Williamsburg

Township of Penn

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
9463

Registration District No. 4308 Registered No. 24
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Ben Snowden

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	March 16th 1922

FATHER.

(8) FULL NAME Keele Snowden

(9) PRESENT POSTOFFICE OF FATHER Salters Dept R 3

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Williamsburg Co. Salters S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Manson

(15) PRESENT POSTOFFICE OF MOTHER Salters Dept R 3

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Williamsburg Co. Salters S C

(19) OCCUPATION Farm Laborer

(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 (Born alive or stillborn) at 3 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Phillis Simms

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Salters Dept R 3

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 March 24th 1922 (28) A. R. Moseley
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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Bureau of Columbia, Columbia, S. C.

Name of TWINS OR TRIPLETS must be WRITTEN IN A PERMANENT RECORD. USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.