

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

90103

Registration District No. 2209

Registered No. 587

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

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?

(7) DATE OF BIRTH

Dec 12, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William T. Snyder

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Keywood Co.

(13) OCCUPATION

Mice operator

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Southerland

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Housekeeper

(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

7 am M.

on the date above stated.

(23) (Signature)

Chris. O. Bates

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenville S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 28, 1916

(28)

A. N. Mackey

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 fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.