

FORM NO. 3. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use 4 SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville  
OR  
Inc. Town of ..... Registration District No. 2306. Registered No. 2  
OR  
City of ..... (No. .... St.; ..... Ward)  
(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  
**46450**

(2) Full Name of Child Lula Coruelia Snyder } 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 8, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Alfred Franklin Snyder  
(9) PRESENT POSTOFFICE OF FATHER Greewood, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)  
(12) BIRTHPLACE Butterford Co., U.C.  
(13) OCCUPATION Farmer (tenant)  
(20) Number of children born to mother, including present birth { .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Elizabeth Cook  
(15) PRESENT POSTOFFICE OF MOTHER Greewood, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Abbeville Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Snyder  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greewood, 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 Feb. 10, 1916 (28) S. P. Brooks 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.