

(1) PLACE OF BIRTH

County of

Hemlock

Township of

or
Inc. Town ofor
City of

Hemlock

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

Mary Miriam Snipes

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

Is answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

6

11

22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Edwin Arthur Snipes

(9) PRESENT POSTOFFICE OF FATHER

Hemlock SC

(10) COLOR OR RACE

w

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Marion Co SC

(13) OCCUPATION

Carpenter

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Rellin Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Hemlock SC

(16) COLOR OR RACE

w

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Williamsburg Co SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ^{alive} at ^{4:30} on the date above stated. (Hour of birth) (Hour A. M. or P. M.)

(23) (Signature)

J. H. Rhodes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.

Hemlock SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed 10-12-22

(28) P. H. Brigham

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.

McGraw, of Columbia, FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.