

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Canlow  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31959

Registration District No. 801 Registered No. 70  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jac. H. Snabins If child is not yet named, make supplemental report as directed

(3) SEX OR NAME Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Age of child at birth 3 yr (7) DATE OF BIRTH Nov. 8, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jac. H. Snabins

(9) PRESENT RESIDENCE OF FATHER St. Matthews

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE SB

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Fanny Cyers

(16) PRESENT RESIDENCE OF MOTHER St. Matthews

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22  
 (Years)

(19) BIRTHPLACE SB

(20) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Della M. Linton (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward, M.D.  
1/12/43  
 Registrar

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

(27) Filed Nov 16, 1923 (28) J. H. Thompson 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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