

(1) PLACE OF BIRTH

County of York

Township of _____

or Town of Rock Hill

or _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12425

Registration District No. 44 B Registered No. 376

(For use of Local Registrar)

(2) Full Name of Child

Mary Snell

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

(3) BOY OR GIRL? g

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

J. J. Snell

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

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

5

MOTHER

(15) NAME BEFORE MARRIAGE

Carrie Porter

(16) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 26

(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 5 P.M. (Hour) (Born alive or stillborn) (M. or P. M.) on the date above stated.(23) (Signature) R. D. Summer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed APR 15 1923(28) J. R. Miller 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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