

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of York
 Township of 1st
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1307 Registered No. 114
 (For use of Local Registrar)
 St.; Ward

File No. — For State Registrar Only
44981

(2) Full Name of Child James S. Snowden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 28
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Snowden</u>	(14) NAME BEFORE MARRIAGE <u>Martha Snowden</u>	(15) PRESENT POSTOFFICE OF FATHER <u>York</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>
(9) PRESENT POSTOFFICE OF FATHER <u>York</u>	(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>
(10) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>5-6</u>	(18) BIRTHPLACE <u>York</u>	(19) OCCUPATION <u>Farmer</u>
(11) AGE AT LAST BIRTHDAY <u>5-6</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(12) BIRTHPLACE <u>York</u>			
(13) OCCUPATION <u>Farmer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 31 1911 (28) 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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