

Form No. 6
 MARGIN RESERVED FOR BINDING.
 WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 DEPARTMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Willieausburg **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Turkey
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only
83899

Registration District No. 111 Registered No. 91
 (For use of Local Registrar)

(2) Full Name of Child Larry Snuck If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? ye (7) DATE OF BIRTH Oct 29 19 16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Joseph Sampson Smith</u>	(14) NAME BEFORE MARRIAGE	<u>Jeneva Fraqui</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Ken g phee</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Ken phee</u>
(10) COLOR OR RACE	<u>white</u>	(16) COLOR OR RACE	<u>white</u>
(11) AGE AT LAST BIRTHDAY	<u>34</u>	(17) AGE AT LAST BIRTHDAY	<u>28</u>
(12) BIRTHPLACE	<u>Willieausburg</u>	(18) BIRTHPLACE	<u>Willieausburg</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</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>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Dr J C Kelley
 (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 Oct 30 19 16 (28) W E Snuck 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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