

FORM NO. 6 MARGIN RESERVED FOR BINDING.

WHITE PLAIN. WITH FADING INK—THIS IS A PERMANENT RECORD.
A. 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.
McCraw of Columbia.

(1) PLACE OF BIRTH
 County of Maulboro **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 File No.—For State Registrar On
46817
 Township of Bennettsville
 or
 Inc. Town of Bennettsville Registration District No. 33-A Registered No. 5
 or
 City of _____ (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 Paul Newton Snodgers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 12</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Luther Snodgers</u>			(14) NAME BEFORE MARRIAGE <u>Jessie Evans</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>	
(12) BIRTHPLACE <u>Maulboro Co S.C.</u>			(18) BIRTHPLACE <u>Maulboro Co S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House-wif</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. D. Smith

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville SC

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

(27) Filed Jan 15 1916 (28) W. W. Pate Local Registrar

Given name added from a supplemental report _____ 191.....
 _____ 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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