

WHITE PLAIN. WITH LEADING 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.

McGowan, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar On	
County of <u>Muskelonge</u>		STATE OF SOUTH CAROLINA.		46817	
Township of <u>Bennettsville</u>		Bureau of Vital Statistics			
Inc. or Town of <u>Bennettsville</u>		State Board of Health			
City of <u>Bennettsville</u>		Registration District No. <u>33-A</u>		Registered No. <u>5</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.: <u>St.</u>		Ward: <u>Ward</u>	
(2) Full Name of Child. <u>Paul Newton Snodgrass</u>		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, 1916</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Luther Snodgrass</u>		(14) NAME BEFORE MARRIAGE <u>Jessie Evans</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville S.C.</u>			
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Muskelonge Co S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(18) BIRTHPLACE <u>Muskelonge Co S.C.</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House - wife</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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

(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

\*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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