

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Law

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Registrar Only

2802

Inc. Town of ..... Registration District No. 306 Registered No. 11  
 of ..... (For use of local Registrar)  
 of ..... (No. .... (St. .... Ward)  
 City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child. David Franklin Snipes If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are parents married? Yes (5) DATE OF BIRTH Jan 15 23  
 (Time of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME Helder H Snipes

(9) PRESENT POSTOFFICE OF FATHER Anderson SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie E Shearer

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) J. M. Hobson  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness ..... (Signature of witness necessary only when question 24 is signed by mark)

on this 15th day of Jan 1923 at Anderson SC

\*When there shall be a stillbirth or miscarriage, when the father, householder, etc., should make this return, as a child born dead, or when the mother is delivered of a stillborn child, the report is correct of childbearing before the birth of the child.

Report the last month of pregnancy.