

## (1) PLACE OF BIRTH

County of *Spartanburg*  
 Township of *Spartanburg*  
 or  
 Inc. Town of  
 or  
 City of *Spartanburg*

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9191

Registration District No. *4-0-08* Registered No. *49*  
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child *Geneva Webb*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 13* 19*22*  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Howard Webb*  
 (9) PRESENT POSTOFFICE OF FATHER *Spartanburg R 2 S.C.*  
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21*  
 (Year)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Farmer*

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

*2*

## MOTHER

(14) NAME BEFORE MARRIAGE *Annie Wyatt*  
 (15) PRESENT POSTOFFICE OF MOTHER *Spartanburg R 2 S.C.*  
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20*  
 (Year)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Housewife*

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

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 a.* M., on the date above stated. (Born alive or still born) (Hour, M., or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

*Physo*

(25) Address of Physician or Midwife

*Whitney S.C.*

Given name added from a supplemental report:

(26) Witness

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

(27) Date

*Mar. 12*

(28) Local Registrar

*C. F. Parker*

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 sixth month of pregnancy.

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