

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

File No. — For State Registrar Only —
48456

(1) PLACE OF BIRTH
CHARLOTTE
 County of
 Township of
 or
 Inc. Town of **BLACKSBURG**
 or
 City of

Registration District No. **1000-A** Registered No. **10**
 (For use of Local Registrar)

(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 **James David Webb** 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 **5** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **July 3 1916**
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME **James Webb**
 (9) PRESENT POSTOFFICE OF FATHER **Blacksburg S.C.**
 (10) COLOR OR RACE **W** (11) AGE AT LAST BIRTHDAY **30** (Years)
 (12) BIRTHPLACE **Charleston S.C.**
 (13) OCCUPATION **Labors**
 (14) Number of children born to mother, including present birth **5**

MOTHER
 (15) NAME BEFORE MARRIAGE **Cillie Duncan**
 (16) PRESENT POSTOFFICE OF MOTHER **Blacksburg S.C.**
 (17) COLOR OR RACE **W** (18) AGE AT LAST BIRTHDAY **34** (Years)
 (19) BIRTHPLACE **Blacksburg S.C.**
 (20) OCCUPATION **Homemaker**
 (21) Number of children of this mother now living, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) **James M. ...**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife **Blacksburg S.C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **July 10 1916** (28) **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.