

(1) PLACE OF BIRTH

County of *Worcester S.C.*

Township of

or

Inc. Town of

or

City of *Worcester S.C.*

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10231

Registration District No. *9A*Registered No. *508*

(For use of Local Registrar)

(No. *43 Leadd* St.; Ward)(2) Full Name of Child *Samuel Webb*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *S*(5) Number in order of birth *1*

To be answered only in event of Twin or Triplet

(6) Are Parents Married? *Yes*

(7) DATE OF

BIRTH *Apr 28, 22*
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Webb*(9) PRESENT POSTOFFICE OF FATHER *Char S.C.*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Char S.C.*(13) OCCUPATION *Blacksmith*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lula Scott*(15) PRESENT POSTOFFICE OF MOTHER *Char S.C.*(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *Char S.C.*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *3*(21) Number of children of this mother now living, including present birth *0*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alice* at *11 P.M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) *Alice Bugan*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *115 Street*

Given name added from a supplemental report.

(26) Witness

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

(27) Filed *4/29/22*(28) *J. Mendis*

Local Registrar

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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 or stillbirths before the fifth month of pregnancy.

OFFICE OF THE REGISTRAR

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