

(1) PLACE OF BIRTH

County of **Spartanburg**

Township of

or

City of

or **Spartanburg**

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For this birth only
19085Registration District No. **40-a**Registered No. **266**
(For use of Local Registrar)(No. **North Church**St. **4** Ward

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

(2) Full Name of Child **Gerald Hart Webber**

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

(a) BOY OR GIRL Boy	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(8) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH June 25th 23 (Name of Month) (Day) (Year)
-------------------------------	------------------------------------------------------------------------	------------------------------	---------------------------------------	--------------------------------------------------------------------------

FATHER.

(a) FULL NAME **Clarence Edward Webber**(a) PRESENT POSTOFFICE OF FATHER **Spartanburg S. C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **22**
(Years)(12) BIRTHPLACE **Spartanburg S.C.**(13) OCCUPATION **Brick-layer & Contractor**(20) Number of children born to mother, including present birth **One**

MOTHER.

(14) NAME BEFORE MARRIAGE **Sarah Amos Hart**(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg S. C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **18**
(Years)(18) BIRTHPLACE **Spartanburg S. C.**(19) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth **One**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5:30 P.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. J. Blake M. D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg S.C.*

Give name added from a supplemental report

(26) Witness

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

(27) Filed **7-1-23**Local Registrar. *Jas. Cooper*

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.

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.