

(1) PLACE OF BIRTH

County of Saluda

Township of

OF
Inc. Town ofOF
City of

(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

Registration District No. 3 Registered No. 3902
(For use of Local Registrar)(2) Full Name of Child Joe Emerson Webb

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

(3) BOY OR GIRL boy(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 24, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. R. Webb(9) PRESENT POSTOFFICE OF FATHER Chappell S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Saluda S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE M. M. Squires(15) PRESENT POSTOFFICE OF MOTHER Chappell S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour: M. or P. M.)(23) (Signature) W. C. Hollaway(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chappell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 24, 23(28) Local Registrar. Mrs. L. J. Clark

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child sometimes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.