

(1) PLACE OF BIRTH

County of Greene

Township of

Inc. Town of Seneca

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11417

Registration District No. 35Registered No. 2
(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 Lena Webb

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

1) BOY OR GIRL <u>girl</u>	4) Twin or Triplet <u>To be answered only in event of Twin or Triplet</u>	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>March 30, 23</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Presley Webb9) PRESENT POST OFFICE OF FATHER Seneca S.C.10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 50
(Year)12) BIRTHPLACE Townsville13) OCCUPATION Farmer20) Number of children born to mother, including present birth ten

MOTHER.

14) NAME BEFORE MARRIAGE Ratie McLeod15) PRESENT POST OFFICE OF MOTHER Seneca S.C.16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 48
(Year)18) BIRTHPLACE Anderson County19) OCCUPATION Farmer21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.
(Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) Alie Palmer
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 22 is signed "stillborn"(27) Filed 4/10 23
19

Registrar

When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child must report as stillborn. No report is needed of children born before the fifth month of pregnancy.

MAKING THIS REPORT IS THE DUTY OF THE FATHER, HOUSEHOLDER, OR OTHER PERSON PRESENT AT THE BIRTH OF THE CHILD. IF THE CHILD IS BORN ALIVE, IT MUST BE REPORTED AS SUCH. IF THE CHILD IS BORN DEAD, IT MUST BE REPORTED AS STILLBORN. NO REPORT IS NEEDED OF CHILDREN BORN BEFORE THE FIFTH MONTH OF PREGNANCY.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

RECEIVED