

(1) PLACE OF BIRTH
County of Anderson
Township of Garvin
of
Inc. Town of
or
City of

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

File No.—For State Registrar Only

16720

Registration District No. 315 Registered No. 38
(For use of Local Registrar)

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

(2) Full Name of Child Mary Kathleen Webb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married ✓ (7) DATE OF BIRTH June 10 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Clinton Eugene Webb

(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Kathleen Dodd

(15) PRESENT POSTOFFICE OF MOTHER Pendleton R 1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 11:15 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Anderson 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 1923 (28) H. L. Leasey 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.

REGISTRAR

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