

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Spartanburg

(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

32116

Registration District No. 40-0 Registered No. 409

(For use of Local Registrar)

(No. Genevieve Hosp St. Ward)(2) Full Name of Child Charles William Webb (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 7</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME C. R. Webb

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION at Atlantic Life Ins. Co.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Hutchins

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION House wife

(21) 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 at 4:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucile Knight M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

116 E. Main St. Sping. S.C.

Given name added from a supplemental report

approved

M.B. Woodward

Oct. 14 1922

Registrar

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

(27) Filed 16-1-22 (28) Jas. Copes 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 Local Registrar

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MARGIN RESERVED FOR BINDING.

WHITE PLAINITY. WITH UNPAID INR.—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, D. C.