

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Proctor  
 or  
 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

37127

Registration District No. 701

Registered No. 5-2  
(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 Wilfred Eugene Webb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5-22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wilfred Eugene Webb  
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C. #8  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE Anderson Co. S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Agile Ramsey  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. #8  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Years)  
 (18) BIRTHPLACE Anderson S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, 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 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. A. Pruitt  
 (24) State whether Physician or Midwife Physician (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 23 is signed by mark)  
 (27) Dec 19 1922 (28) A. C. Campbell 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.

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