

No. 2.—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.
 No. 3.—This is a PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Richland
 Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19875

Inc. Town of Registration District No. 18a Registered No. 80
 City of Columbia, S.C. No. 2011 Green 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 Kathryn Salasman Webb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ligon Alfred Webb

(9) PRESENT POSTOFFICE OF FATHER 2011 Green St. Columbia S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Atlanta Ga.

(13) OCCUPATION Salasman

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

MOTHER.

(14) NAME BEFORE MARRIAGE Kathryn Matt

(15) PRESENT POSTOFFICE OF MOTHER 2011 Green St. Columbia S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Brunswick Ga.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1615 Pickens St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 14, 1922 (28) Kathryn 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the Registrar