

FORM NO. 1.  
 WHEN PLAINLY. WITH UNFADING INK.—THIS IS A PREPARATION 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 8.

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

File No.—For State Registrar Only  
**50640**

(1) PLACE OF BIRTH  
 County of Union  
 Township of Cross Keys  
 or  
 Inc. Town of A.C.  
 or  
 City of (No.)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4200 Registered No. 6  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Curis Larria Webber If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 25 1916  
 (Name of Month) (Day) (Year)  
 To be answered only in case of Twins or Triplets

**FATHER.**  
 (8) FULL NAME Larri Webber  
 (9) PRESENT POSTOFFICE OF FATHER Union Route # 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Cross County  
 (13) OCCUPATION Farmer and Merchant  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Maggie Pine Estes  
 (15) PRESENT POSTOFFICE OF MOTHER Union Route # 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Union County  
 (19) OCCUPATION Farmer's wife - Domestic  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 12 M.,  
 on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Ed. Markman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cross Union St.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1916 (28) Dr. Moreley 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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McCaw of Columbia