

(1) PLACE OF BIRTH

County of Iron
 Township of Corry
 or
 Inc. Town of
 or
 City of (No. St. Ward)

(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

30729

Registration District No. 2502Registered No. 145
(For use of Local Registrar)(2) Full Name of Child Edwin Harry Westburg

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie L Westburg(9) PRESENT POSTOFFICE OF FATHER Corry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Harry Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie McDowell(15) PRESENT POSTOFFICE OF MOTHER Corry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Harry Co(19) OCCUPATION Home work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Seabury

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

Given name added from a supplemental report

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

(27) Filed Sept 16, 1922 (28) J. L. Davis 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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