

## (1) PLACE OF BIRTH

County of Marietta

Township of .....

or Inc. Town of Mullins

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

35515

Registration District No. 2713 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Robert Daniel Webster (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Sept. 28, 1914

## FATHER.

(8) FULL NAME

Lee Marion Webster

(9) PRESENT POSTOFFICE OF FATHER

Mullins SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

(Years)

25

(12) BIRTHPLACE

Marietta County SC

(13) OCCUPATION

clerk

## MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Skipper

(15) PRESENT POSTOFFICE OF MOTHER

Mullins SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

(Years)

21

(18) BIRTHPLACE

Marietta County SC

(19) OCCUPATION

house work

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. H. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Mullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct. 28, 1914

(28)

C. M. Scheller

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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