

(1) PLACE OF BIRTH

County of Anderson

Township of "

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
71184

Registration District No. 3A Registered No. 283
(For use of Local Registrar)

(No. " 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 Carl W. Webb } 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 5 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Ralph W. Webb

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Anderson S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Cotyque Barton

(15) PRESENT POSTOFFICE OF MOTHER South Main Street Anderson S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Anderson S.C.

(19) OCCUPATION Housewife

(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 at 8 A.M. on the date above stated. (Born alive or born) (Hour A.M. or P.M.)

(23) (Signature) L. O. McNeill M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 191..... (28) L. B. Gentry 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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MARGIN RESERVED FOR MINOR CHANGES. WHEN UNFOLDING THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS THIS IS A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, NO. 1; THE OTHER, NO. 2, ETC., IN QUESTIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28.