

(1) PLACE OF BIRTH

County of Saluda

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

9029

Registration District No.

Registered No. 10

(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 Grace Vivian Webb

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 28</u> 19 <u>22</u>
To be answered only in event of Twin or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME <u>G. R. Webb</u>	(14) NAME BEFORE MARRIAGE <u>Walter L. Quinn</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C. R. 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Camden S.C. R. 2</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 9:27 ... M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Wm. C. Hollman(24) State whether Physician or Midwife (25) Address of Phys. or Midwife Camden S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 16 1922 (28) D. J. Foster 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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES FOR THE YEAR 1922, SALUDA COUNTY, SOUTH CAROLINA. No. 1, FILE 9029, B. C.