

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

File No. — For State Registrar Only  
**40895**

**(1) PLACE OF BIRTH**

County of Anderson  
 Township of Isaiah  
 or  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. 310 Registered No. 70  
 (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** Mary Lee Webb

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

(3) BOY OR GIRL? girl (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 Sept 4 22  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Percy W Webb  
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC #1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Myrtie Lee Drake  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson SC #1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Ala  
 (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 alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A A Young (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 10 22 (28) W F Casey 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.