

(1) PLACE OF BIRTH

County of AuburnTownship of Hopewellor
Inc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hazel Martene Webb(3) BOY OR
GIRL? girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Sept 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Percy A. Webb(9) PRESENT
POSTOFFICE
OF FATHER Williamston R & D(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 38
(Years)

(12) BIRTHPLACE

Auburn County

(13) OCCUPATION

Farmer(14) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGE Mertie Lee Drake(15) PRESENT
POSTOFFICE
OF MOTHER Williamston R & D(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 26
(Years)

(18) BIRTHPLACE

Jacksonville, Ala.

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) C. H. Young

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

Given name added from a supplement
report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed (28) 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.