

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Britton Neck
 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

39369

Registration District No. 3200 Registered No. 63
 (For use of Local Registrar)

City of (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 Herbert Stanley Webb 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 Nov 9 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Webb
 (9) PRESENT POSTOFFICE OF FATHER Greesham S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Barnhill
 (15) PRESENT POSTOFFICE OF MOTHER Greesham S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth Five
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Crisher Grace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greesham 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 Dec 7 1922 (28) W. J. Pozier
 Registrar 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED BY COLUMN. COLUMBIA, S. C.