

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of SumterTownship of CrossedInc. Town of orCity of or

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 74875 For State Registrar OnlyRegistration District No. 4.100 Registered No. 28

(For use of Local Registrar)

City of (No.) St.; Ward(2) Full Name of Child Walter Webb { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 30</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Charlie Webb(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 10

MOTHER.

(14) NAME BEFORE MARRIAGE Everlina Francis(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7-A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. W. Thompson

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

midwife Sumter, S.C.

Given name added from a supplemental report

, 191.

Registrar

(26) Witness J. E. Newman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/2 1916 (28) A. J. Newman
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.