CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
221

(1) PLACE OF BIRTH

County of Anderson

Township of Fork

or

Inc. Town of .....

or

City of .....

Registration District No. 345 Registered No. 6
(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 Eliza J. D. Webb — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	2	Yes	Jan 17 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Lucky Webb	(14) NAME BEFORE MARRIAGE Beulah Comer
(9) PRESENT POSTOFFICE OF FATHER Townville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Townville S.C.
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(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 Ok at 8:15 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joan Thompson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Townville S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 2 1922 (28) J. T. Galloway
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.

MADGE [illegible] FOR [illegible]
[illegible] FAMILY, WITH [illegible] IS A PERMANENT RECORD
[illegible] 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, COLUMBIA, S. C.