

## (1) PLACE OF BIRTH

County of Flamie  
 Township of North  
 or  
 Inc. Town of .....

or  
 City of Atlanta, Ga.

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

(2) Full Name of Child Robt. Preston Webster child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10, 1928  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Frank M. Webster  
 (9) PRESENT POSTOFFICE OF FATHER Atlanta, Ga.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Sumner Co.  
 (13) OCCUPATION Iron Turner  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marie Knight  
 (15) PRESENT POSTOFFICE OF MOTHER Atlanta, Ga.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Flamie Co.  
 (19) OCCUPATION Domestic  
 (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 born alive (Born alive or stillborn) (Date July 10, 1928 M., or P. M.) on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 1/24 1928 (28) [Signature] 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.

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