

(1) PLACE OF BIRTH

County of Anderson
 Township of Pendleton

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71305

or
 Inc. Town of Registration District No. 310 Registered No.
 or
 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 John Henry Webb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 11, 1916
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Webb

(9) PRESENT POSTOFFICE OF FATHER Pendleton, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Anderson, Co. S.C.

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Judy Ledbetter

(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Anderson, Co. S.C.

(19) OCCUPATION House Wife

(20) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 a.m. on the date above stated. (Even alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mehala Swinger
 (24) State whether ~~Physician~~ or Midwife (25) Address of ~~Physician~~ or Midwife

Given name added from a supplemental report

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

(27) Filed 1916 (28) N. W. Seawright 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.

Birth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

Form No. 10.

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.

State of Columbia