

(1) PLACE OF BIRTH

County of Anderson

Township of Coulterville

or
The Town of

City of

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

No. 12.—For State Registrar Only
12803

Registration District No. 9.0.9 Registered No. 36
(For use of Local Registrar)

(No. Mauldin East 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 Eddie Bell Webb If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Date of Birth May 29, 1923
(5) Twin or Triplet? No (6) Number in order of birth 1 (7) (Name of Mother) (Day) (Year)

FATHER.
(8) Full Name Arthur M Webb
(9) Present Postoffice of Father Anderson
(10) Color or Race W (11) Age at Last Birthday 41 (Years)
(12) Birthplace Talbert Co Ga
(13) Occupation Septile
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) Name before Marriage Ellaine Sayer
(16) Present Postoffice of Mother Anderson
(17) Color or Race W (18) Age at Last Birthday 23 (Years)
(19) Birthplace Edmonton C Ia
(20) Occupation Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (born alive or stillborn) on the date above stated.

(23) (Signature) A. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson 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 May 30, 1923 (28) F. D. Harrison 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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