

(1) PLACE OF BIRTH

County of Anderson
Township of Centerville
or
The Town of

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

No. 12803 — For State Registrar Only

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

City of (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) Age of Father 41 (5) Are Parents Married Yes (6) DATE OF BIRTH May 29, 1923
(Name of Month) (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
(Year)
(12) BIRTHPLACE Talbert Co Ga
(13) Occupation Septic
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ellen Sayer
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
(Year)
(18) BIRTHPLACE Edgewater C Ga
(19) OCCUPATION housewife
(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 M.,
on the date above stated. (born alive or deceased) (under oath or E. M.)
(23) (Signature) A. Anderson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Give name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 30, 1923 (28) F. D. ... 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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