(1) PLACE OF BIRTH

County of Anderson

Township of Pendleton

or

Inc. Town of.....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3080

Registration District No. 310

Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Normal Webb

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 24 (Name of Month) (Day) 19 22 (Year)

FATHER.

(8) FULL NAME Peter Webb

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

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Anderson, Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Teressa Johnson

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

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Anderson, Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucindy Waymon

(24) State whether [redacted] or Midwife

(25) Address of Physician or Midwife Pendleton, 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 Mar 10 19 22 (28) W. W. Leaught 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.

MADAM OF COLUMBIA, COLUMBIA, S. C.

WAYMON RECEIVED FOR BINDING.

WHITE PLAINLY, 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.