

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311

File No.—For State Registrar Only

9938

Registered No. 311
(For use of Local Registrar)

St. Ward)

(No. St. Ward)

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

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

(2) Full Name of Child L. C. Webb

(3) EDWARD Webb
 (4) Twin or Triplet? No
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 1st(6) DATE OF BIRTH Nov 26 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Webb(9) PRESENT POSTOFFICE OF FATHER York S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Hampton(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Crawford(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Minnie Crawford M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Deed(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 58 St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 22 1923 (28) 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.