

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Flournoe
Township of Lake City
or
Inc. Town of R. F. D.
or
City of Lake City R. F. D.

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

Standard Certificate of Birth

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

Registration District No. 20-B Registered No. 0139
(For use of Local Registrar)

2. FULL NAME OF CHILD Willie Brooks Webster If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births 1st 4. Twin, triplet or other yes 5. Number, in order of birth 1st 6. Premature yes 7. Are Parents Married? yes 8. Date of birth Oct 4, 1916
(Month, day, year)

9. Full name FATHER Charlie Edward Webster 18. Name before marriage MOTHER Bessie Carter

10. Residence (mailing address) (If non-resident, give place and State) 19. Residence (mailing address) (If non-resident, give place and State)

11. Color or race White 20. Color or race White 12. Age at last birthday 29 (Years) 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Lake City S.C. 22. Birthplace (city or place) (State or country) Lake City S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Oct 4, 1916 17. Total time (years) spent in this work 14 25. Date (month and year) last engaged in this work Oct 4, 1916 26. Total time (years) spent in this work 7

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 2 P. M. on above date. Willie E. S.
(Name of Prophylactic)

Cleft Palate no Hare Lip no Other Deformities (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report (Date of)

(Signed) [Signature], M.D.

or [Signature], Midwife

Address Flournoe, S.C.

Filed April 19, 1940 M.B. Woodward, M.D.

Registrar.

Registrar.