

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg

or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19243

Registration District No. 4008 Registered No. 154
 (For use of Local Registrar)

(No. X1 St. Ward)

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

(7) Full Name of Child Harold James Webb If child is not yet named, make supplemental report as directed

2 BOY OR GIRL Boy 4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 6 1923
 (Month) (Day) (Year)

FATHER.

8 FULL NAME Harmon Webb

9 PRESENT POSTOFFICE OF FATHER Spartanburg R1 SC

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)

12 BIRTHPLACE

13 OCCUPATION

Farmer

14 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Byars

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R1 SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE SS

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(22) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by maker)

(27) Filed June 6 1923 (28) Mr. C. F. Surfer 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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