

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of ...*Marion*...STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

7784

Township of

Inc. Town of ...*Mullins*...Registration District No. *3718*Registered No. *3*
(For use of Local Registrar)

City of

(No. 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 *Joseph Montgomery Webster* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married *Yes* (6) DATE OF BIRTH *Aug. 25 1913*
(Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Wayman Young Webster* (14) NAME BEFORE MARRIAGE *Willie Byrd*(9) PRESENT POSTOFFICE OF FATHER *Mullins S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Mullins S.C.*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *36* (Year) (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *29* (Year)(12) BIRTHPLACE *Marion Co* (18) BIRTHPLACE *Marion Co*(13) OCCUPATION *Chk* (19) OCCUPATION *House wife*(20) Number of children born to mother, including present birth *6* (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8:12* M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *H. L. Murtin*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mullins S.C.*

Given name added from a supplemental report

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

(27) Filed *Feb. 10 1913* (28) *H. M. Mullins* 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.