

FORM NO. 1.

(1) PLACE OF BIRTH.

County of MarionTownship of MarionInc. Town of MarionCity of Marion

(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

46779

Registration District No. 32 a Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Helen Gertrude Britt

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 20, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Chas Cleveland Britt(9) PRESENT POSTOFFICE OF FATHER Estell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Georgetown Co. S.C.(13) OCCUPATION Millwright(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Sudley Dozier(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Marion Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb 7 1916 (28) [Signature] 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia