

16 093526

Form No. 3

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of Dillon

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthTownship of Harleeville or
Inc. Town of Little Rock Registration District No. 1104 Registered No. 66
(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 Marian Britt } If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL <u> GIRL </u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u> yea </u>	7. DATE OF BIRTH <u> Aug 26 1916 </u> (Name of Month) (Day) (Year)
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FATHER

8. FULL NAME Danson E Britt

9. PRESENT POSTOFFICE OF FATHER Little Rock S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 24
(Years)

12. BIRTHPLACE Free State S.C.

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth { one

MOTHER

14. NAME BEFORE MARRIAGE See Cunningham

15. PRESENT POSTOFFICE OF MOTHER Little Rock S.C.

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 20
(Years)

18. BIRTHPLACE Boardman N.C.

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth { one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature A. J. Meaham 24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Clin S.C.

Given name added from a supplemental report

 8/26/16 008132
 # 72406 1/2
Registrar26. Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed Aug 3 1917 28. D. Johnson
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.

CARY-BARBER PTC. CO.