

16 093526

Form No. 3

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of Wilson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthTownship of Harlesvilleor
Inc. Town of Little RockRegistration District No. 11.04 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 GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

Aug 26 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAMEDuncan E Britt9. PRESENT
POSTOFFICE
OF FATHERLittle Rock S.C.10. COLOR
OR
RACEWhite

11. AGE AT LAST

24

BIRTHDAY (Years)

12. BIRTHPLACE

Freestown S.C.

13. OCCUPATION

Farmer

MOTHER

14. NAME BEFORE
MARRIAGESee Cunningham15. PRESENT
POSTOFFICE OF
MOTHERLittle Rock S.C.16. COLOR
OR
RACEWhite

17. AGE AT LAST

20

BIRTHDAY (Years)

18. BIRTHPLACE

Boonville N.C.

19. OCCUPATION

Housewife20. Number of children born to
mother, including present birthone21. Number of children of this mother
now living, including present birthone

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

R. F. Cunningham

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Clinton S.C.

Given name added from a supplemental report

8/26/16 008132# 72406 1/2

Registrar

26. Witness

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

27. Filed

Aug 3 1917

28.

R. F. 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.