

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
County of Georgetown, Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Township of \_\_\_\_\_  
or  
Inc. Town of Georgetown, Registration District No. 21-a Registered No. \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

16 093625  
FILE No.—For State Registrar Only  
00301

2. FULL NAME OF CHILD Robert C. Britt  
(If child is not yet named, make supplemental report as directed.)

3. Boy or ~~girl~~ ☒ If Plural births ☐ 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth, 1 6. Premature \_\_\_\_\_ Full term ☒ 7. Are Parents Married? yes 8. Date of birth August 10<sup>th</sup> 1916  
(Month, day, year)

9. Full name Willy Canon Britt FATHER 18. Name before marriage Sallie Virginia Dargatz MOTHER

10. Residence (mailing address) Georgetown, S.C. 19. Residence (mailing address) Georgetown, S.C.  
(If non-resident, give place and State)

11. Color or race white 12. Age at child's birth 41 (years) 20. Color or race white 21. Age at child's birth 39 (years)

13. Birthplace (city or place) North Carolina (State or country) 22. Birthplace (city or place) Robeson North Carolina (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sawyer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Atlantic Coast</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>on Home</u>
16. Date (month and year last engaged in this work) <u>March 20, 1916</u>	25. Date (month and year last engaged in this work) _____
17. Total time (years) spent in this work <u>24</u>	26. Total time (years) spent in this work <u>life</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) W. C. Britt, Parent  
or \_\_\_\_\_, Guardian

Address \_\_\_\_\_  
Filed 8/15/16, 19 1916 W. B. Woodward  
Registrar W. B. Woodward

Registrar.