

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 Ophly 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..... 6. Premature..... Full term  7. Are Parents Married?  8. Date of birth..... August 10<sup>TH</sup> 1916  
 (Month, day, year)

9. Full name Willy Caron Britt FATHER  
 10. Residence (mailing address) Georgetown, S.C.  
 (If non-resident, give place and State)

18. Name before marriage Sallie Virginia Dargatz MOTHER  
 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 29 (years)

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

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

OCCUPATION  
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer  
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Atlantic coast  
 16. Date (month and year last) engaged in this work March 20, 1916  
 17. Total time (years) spent in this work 24

OCCUPATION  
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. on Home  
 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
 26. Total time (years) spent in this work life

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 born 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.)

(Signed) W. E. Britt, Parent

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

or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

Filed 8/15/16, 19 1916 Mrs. Woodward  
 Registrar. M. D.

Registrar.