

(1) PLACE OF BIRTH
County of Marlboro
Township of Hebron
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
78302

Registration District No. 3304 Registered No. 137
(For use of Local Registrar)
St. W Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. D.E. Britt Jr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>8/26/16</u> BIRTH (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Dunk E. Britt</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Sue Cottingham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Little Rock, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Little Rock, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30P M M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Arthur A. [illegible]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife W 8 E

Given name added from a supplemental report

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

(27) Filed Sept 30 1916 (28) 72-21-4-17-18-19 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.

FORM 10-17-16. 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. THIS OFFICE, No. 2, etc. In question 5.