CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
1700

(1) PLACE OF BIRTH
County of Kershaw
Township of Camden
or
Inc. Town of .....
or
City of .....

Registration District No. 2704. Registered No. .....
(For use of Local Registrar)

(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 Hettie Britton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl
(4) Twin or Triplet? —
(5) Number in order of birth 3
(6) Are Parents Married? Yes
To be answered only in event of Twins or Triplets
(7) DATE OF BIRTH Jan 7 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Larrie Britton	(14) NAME BEFORE MARRIAGE Mary Johnson
(9) PRESENT POSTOFFICE OF FATHER Lugoff	(15) PRESENT POSTOFFICE OF MOTHER Lugoff S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Lugoff S C	(18) BIRTHPLACE Lugoff S C
(13) OCCUPATION farming	(19) OCCUPATION farming
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 7 a.m. (Hour A. M. or P. M.)

(23) (Signature) Hettie Hawkins
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Lugoff S C

Given name added from a supplemental report
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..... 19 ....
Registrar

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

(27) Filed Jan 30 1922 (28) Mrs. H. D. Langley
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.

McCaw of Columbia, Columbia, S. C.