

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL	(4) Type of Child <u>S.</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Age of Child <u>yr</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 4 1940</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>John David Britt Sr.</u>	(14) NAME BEFORE MARRIAGE <u>Edna Mae Holbrook</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C.</u>
(10) COLOR OR RACE <u>w.</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(16) COLOR OR RACE <u>w.</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(12) BIRTHPLACE <u>Detroit S.C.</u>	(18) BIRTHPLACE <u>Hart Co Ia.</u>	(19) OCCUPATION <u>auto dealer</u>	(20) OCCUPATION <u>housewife</u>
(21) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alone at 3 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) J. J. Harris
(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
F. B. CRAYTON,

(29) Filed 11/15 19 40 (30) Local Registrar.
ANDERSON

*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.

(Date of)

Address Rt 2, Anderson, S.C.

Filed AUG. 20 19 42

Registrar