

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Harriessville
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1601

File No.—For State Registrar Only

3630

Registered No. 14

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Arnitha Britt

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest I Britt
 (9) PRESENT POSTOFFICE OF FATHER Dillon SC R 1
 (10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Betha
 (15) PRESENT POSTOFFICE OF MOTHER Dillon SC R 1
 (16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE SC
 (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth Two
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 59 M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature) Lotha R R (24) Name whether Physician or Midwife Lotha R R (25) Address of Physician or Midwife Lotha R R

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Feb 6 1923 J F Hardy Local Registrar

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