

(1) PLACE OF BIRTH

County of Saluda
 Township of #4
 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

1904

Registration District No. 2903Registered No. 32
(For use of Local Registrar)

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

(2) Full Name of Child Maybell C Britt

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

(3) SEX Girl (4) Type — (5) Number in order of birth 3 (6) Age 7 (7) DATE OF BIRTH June 27, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kelly M. Britt(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Robeson County N.C.(13) OCCUPATION Foreman Lumber Plant(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lidia M Price(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Rutherford Co N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn) (Hour and Minute P. M.)(22) (Signature) J. P. Haines

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

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

(26) Filed July 9, 1923 (27) Marie Grant 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.

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