

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of 44 Y

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3932

Registration District No. 2. 103 Registered No. 29
(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 Delma Britton If child is not yet named, make supplemental report as directed1. SEX OR GIRL? Female 2. Twin or Triplet? To be answered only in event of Twin or Triplet 3. Number in order of birth(4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 14 1923
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Frank Britton7. PRESENT POSTOFFICE OF FATHER Rhem, SC10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(Year)12. BIRTHPLACE Georgetown Conf. SC13. OCCUPATION Farmer14. Number of children born to mother, including present birth 1

MOTHER.

16. NAME BEFORE MARRIAGE Lisa Brown17. PRESENT POSTOFFICE OF MOTHER Rhem SC18. COLOR OR RACE Negro (19) AGE AT LAST BIRTHDAY 20
(Year)20. BIRTHPLACE Georgetown Conf. SC21. OCCUPATION Farmer22. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 11 M.,
on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(24) (Signature) Walter Johnson(25) State whether Physician or Midwife (26) Address of Physician or Midwife Union SC

(27) Given name added from a supplementary report

(28) Witness

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

(29) Date Feb 15 1923 (30) Local Registrar W. B. Early

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.