

MARCH RESERVED FOR BIRTH
 WITH PLAINLY, WITH UNPAID RE-ENTRY IN A PLAINLY, AND MARK THE
 FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE MARK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
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(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">35167</div>
County of <u>Charleston</u>		Registration District No. <u>2806</u>		Registered No. <u>203</u> (For use of Local Registrar)
Township of <u>Nulls District</u>		(No.) SL:		Ward (No.)
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 If child is not yet named, make supplemental report as directed				
(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 23 1920</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Larry Strymer</u>			(14) NAME BEFORE MARRIAGE <u>Clara Anderson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Turkey Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lenoir</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lenoir Co. N.C.</u>			(18) BIRTHPLACE <u>Lenoir Co. N.C.</u>	
(13) OCCUPATION <u>Alum. Miner</u>			(19) OCCUPATION <u>Miner</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.				
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3 P.M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>W. H. Strymer</u>			(25) Address of Physician or Midwife <u>Turkey Creek</u>	
(24) State whether Physician or Midwife <u>Midwife</u>				
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. J. Harrison</u>	
..... 19			(27) Filed <u>11-1-</u> 19	
Registrar			(28) 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.				

Registrar 1 Local Registrar 1
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