

(1) PLACE OF BIRTH

County of Amesbury
 Township of Amesbury
 or
 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

42943

Registration District No. 2500 Registered No. 91
 (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 Elaine Strickland 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 24, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos Herbert Strickland

(9) PRESENT POSTOFFICE OF FATHER Westbrook, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Lowry County, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Nell Jarvis

(15) PRESENT POSTOFFICE OF MOTHER Westbrook, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Lowry County, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Louis, S.C.

Given name added from a supplemental report

..... 19 ..
 Registrar

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

(27) Filed Jan 11, 1923. (28) J. E. Bell 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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