

## (1) PLACE OF BIRTH

County of Greenville  
 Township of 11  
 or  
 Inc. Town of .....  
 or  
 City of Greenville

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

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18858**

Registration District No. 2409/C Registered No. 210  
 (For use of Local Registrar)

(2) Full Name of Child Robert Strickland (No. 704 Amputated St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Bo 4) Twin or Triplet? no 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH June 10 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Philip Homer Bruce  
 9) PRESENT POSTOFFICE OF FATHER at  
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 32 (Years)  
 12) BIRTHPLACE D.C.  
 13) OCCUPATION salesman  
 20) Number of children born to mother, including present birth 1 2

## MOTHER.

14) NAME BEFORE MARRIAGE Lobe Strickland  
 15) PRESENT POSTOFFICE OF MOTHER at  
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 26 (Years)  
 18) BIRTHPLACE D.C.  
 19) OCCUPATION Homemaker  
 21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) M. J. Moore M.D. (25) Address of Physician or Midwife Greenville  
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 14 1922 (28) at 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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THIS IS A PRELIMINARY REPORT. WHEN THE CHILD IS A TRIPLING, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 5.