

Form No. 1

(1) PLACE OF BIRTH

County of Horry  
 Township of F. Col. Is.  
 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

4255

Registration District No. 2505 Registered No. 28  
 (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 J. C. Strickland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age Parents Married yes (6) DATE OF BIRTH July 18 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (7) FULL NAME William Strickland  
 (8) PRESENT POSTOFFICE OF FATHER Fair Play S. C.  
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 35 (Year)  
 (11) BIRTHPLACE Horry Co  
 (12) OCCUPATION Farmer

MOTHER.  
 (13) NAME BEFORE MARRIAGE Minnie Taylor  
 (14) PRESENT POSTOFFICE OF MOTHER Fair Play S. C.  
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 3 (Year)  
 (17) BIRTHPLACE George Town  
 (18) OCCUPATION Domestic

(19) Number of children born to mother, including present birth 1 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) William Taylor (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Fair Play S. C.

Given name added from a supplemental report

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

Division of Statistics, Columbia, S. C. Form No. 1 THE OTHER, No. 2, etc., in question 2