

11/21 1923 (See instructions)

(1) PLACE OF BIRTH

County of HorryTownship of Dayboro

Inc. Town of

City of

(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

419?

Registration District No. 7-5-10-0 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Russie Sue Strickland

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 26 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Horton Strickland

(9) PRESENT POSTOFFICE OF FATHER

Allobrook SC K3

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Horry Co SC

(13) OCCUPATION

Farming

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie E. Lee

(15) PRESENT POSTOFFICE OF MOTHER

Allobrook SC K3

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Horry Co SC

(19) OCCUPATION

Housewife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 5:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hugh Richardson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Louis SC

(Given name added from a supplemental report)

Janie S. SairyMay 16 1923

Non-Resident

(26) Witness

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

(27) Filed Mar 8 1923

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 3.