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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		1865	
Township of		Bureau of Vital Statistics			
or		State Board of Health		38-a	
Inc. Town of		Registration District No.		Registered No.	
or				(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>Columbia High</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number)					
2. FULL NAME OF CHILD <u>Thomas Chas. Strickland</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>B</u>	If Plural Births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth..... <u>Feb 2</u> , 19 <u>22</u>
5. Number, in order of birth.....		Full term.....		(Month, day, year)	
9. Full name <u>CLAUDE JAMES STRICKLAND</u>		18. Name before marriage <u>VIOLE ROSA SMITH</u>		MOTHER	
10. Residence (mailing address) (If non-resident, give place and State) <u>2003 Kuyper St. Columbia S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Col. S.C.</u>			
11. Color or race <u>W.</u>	12. Age at last birthday <u>31</u> (Years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>24</u> (Years)		
13. Birthplace (city or place) (State or country) <u>Richland Co. S.C.</u>		22. Birthplace (city or place) (State or country) <u>Col. S.C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Wife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>20</u>		19.....	
17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work		19.....	
26. Total time (years) spent in this work		26. Total time (years) spent in this work		19.....	
27. Number of children of this mother (At time of birth and including this child) <u>2</u> (a) Born alive and now living..... <u>2</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>					
28. If stillborn, period of gestation.....		months	29. Cause of stillbirth.....	Before labor.....	
weeks				During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from
(Date of)

(Signed) J. H. Woodard, M.D.

or Midwife.

Address Col. S.C.

Filed July 23, 1920. M. B. Woodward, M.D.

Registrar.

Asst. State Registrar.