

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
Township of Bethua
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

28103

Registration District No. 66.06

Registered No. 81
(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 W. V. Stricklin

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15, 1923
(Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME W. V. Stricklin
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE Marion SC
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE M. J. Roberts
(15) PRESENT POSTOFFICE OF MOTHER Mallory SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Year)
(18) BIRTHPLACE Harry SC
(19) OCCUPATION

(20) Number of children born to mother, including present birth 11

(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 Sept 15 at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Scott (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mallory

Given name added from a supplemental report

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

(27) Filed Sept 22 1923 (28) R. H. Amman 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.