

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Newberry
Township of North
OR
Inc. Town of Whitmire
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19536

Registration District No. 3402

Registered No. 63
(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 Mary Elizabeth Strickland

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

3. BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John Henry Strickland
9. PRESENT POSTOFFICE OF FATHER Whitmire, S.C.
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
12. BIRTHPLACE Hart Co. Ga.
13. OCCUPATION Cotton mill operative
20. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Estel Crumpton
(15) PRESENT POSTOFFICE OF MOTHER Whitmire, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Chester Co., S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William B. Thomas
(24) State whether Physician (25) Address of Physician or Midwife Whitmire, S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) R. M. Duckett 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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