

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Bellton S.C.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. P. Strickland Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 15 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James G. Strickland(9) PRESENT POSTOFFICE OF FATHER Bellton S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Cotton Mill Operator(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Ruth(15) PRESENT POSTOFFICE OF MOTHER Bellton S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Anderson(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Thos. J. Smith M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Bellton S.C.

Given name added from a supplemental report

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

(26) Filed Jan 6 1923 (27) J. P. Aslar 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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