

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Calypsoville  
or  
Inc. Town of  
or  
City of

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

File No. — For State Registrar Only  
70404

Registration District No. 4201 B Registered No. 80  
(For use of Local Registrar)

(2) Full Name of Child Cassie Waustra Woodland  
(If birth occurs in a hospital or other institution, give name of same instead of street and number, Ward)

(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 27 1916  
To be answered only in event of Twins or Triplets If child is not yet named, make supplemental report as directed

(8) FULL NAME Ottis Strickland (9) PRESENT POSTOFFICE OF FATHER Fingerville (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer  
**FATHER.**

(14) NAME BEFORE MARRIAGE Mary E. Gould (15) PRESENT POSTOFFICE OF MOTHER Fingerville (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE Spartanburg (19) OCCUPATION Domestic  
**MOTHER.**

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. J. Head (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbell St # 17

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness A. G. Briston  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 25 1916 (28) A. G. Briston 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.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
\* B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
MCCAY of Columbia FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 1.