

MARGIN RESERVED FOR BINDING.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro  
 Township of Lebanon  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
73944

Registration District No. 3389 Registered No. 160  
 (For use of Local Registrar)

(2) Full Name of Child Harry Strickling (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Osborn Strickling</u>	(14) NAME BEFORE MARRIAGE <u>Ella Wilks</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Bingham S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Bingham S.C.</u>	(16) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>Marlboro</u>	(19) OCCUPATION <u>Housewife</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(12) BIRTHPLACE <u>Marlboro</u>	(13) OCCUPATION <u>Farmer</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Midwife Lizzie Scott  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bingham, S.C.

Given name added from a supplemental report

**AMENDED P.T.**  
**MAR 24 1917**  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug. 21, 1916 (28) H. H. Wardley 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.