

## (1) PLACE OF BIRTH

County of **Lexington**

Township of .....

or  
Inc. Town of **Martsville**or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. **15B**

File No. - For State Registrar Only

**17331**Registered No. **67**  
(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 **Derithy Alin Strang**

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 9 1935**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **George Dewey Strang**(9) PRESENT POSTOFFICE OF FATHER **Martsville**(10) COLOR OR RACE **White**(11) AGE AT LAST BIRTHDAY **35**  
(Years)(12) BIRTHPLACE **Penn**

(13) OCCUPATION

**Dairyman**(20) Number of children born to mother, including present birth **1th**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Letellia Gardner**(15) PRESENT POSTOFFICE OF MOTHER **Martsville**(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **30**  
(Years)

(18) BIRTHPLACE

**Sav.**

(19) OCCUPATION

**house wife**(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 **alive** **10:50 A.M.**  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **J. L. Paur**(24) State whether Physician or Midwife **M.D.**(25) Address of Physician or Midwife **Martsville**

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **June 13 1935**(28) **M. J. McKagan**  
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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