

(1) PLACE OF BIRTH

County of Dorchester
Township of Motts

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

52215

Insp. Town of Registration District No. 2012 Registered No. 28
(For use of Local Registrar)
or
City of Coward S.C.#2 (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. James Lloyd Strickland If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy (4) Twin or Triplet? One (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME James W. Strickland

(14) NAME BEFORE MARRIAGE Maggie Floyd

9) PRESENT POST-OFFICE OF FATHER Coward S.C.#2

(15) PRESENT POST-OFFICE OF MOTHER Coward S.C.#2

16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

12) BIRTHPLACE Motts Township

(18) BIRTHPLACE Motts Township

13) OCCUPATION Farmer

(19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth Floyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Coward S.C.#2

Given name added from a supplemental report

(26) Witness James W. Strickland (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/18/16 (28) A. Shelby 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.