

(1) PLACE OF BIRTH

County of Union

Township of Union

or Inc. Town of

or City of Union

(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

92050

Registration District No. 42-A

Registered No. 183

(For use of Local Registrar)

St.: 3 Ward

(2) Full Name of Child Francis Strange

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

(3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Dec 6 6</u>
<small>To be checked only in event of Twins or Triplets</small>			<small>Yes</small>	<small>(Name of Month) (Day) (Year)</small>

FATHER.

(3) FULL NAME Rob W Strange

(9) PRESENT POSTOFFICE OF FATHER Bumellsville SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Haywood Co NC

(13) OCCUPATION Plumber

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

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Harmon

(15) PRESENT POSTOFFICE OF MOTHER Union SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Spartanburg Co SC

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hope

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12 1916 (28) W. G. Sarratt 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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RECEIVED AT THE OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS, STATE OF SOUTH CAROLINA, ON THIS 12th DAY OF DECEMBER, 1916. W. G. SARRATT, REGISTRAR.