

(1) PLACE OF BIRTH

County of *Charlottesville*

Township of

or
Inc. Town ofCity of *Charlottesville*(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

45742

Registration District No. *119* Registered No. *7*

(For use of Local Registrar)

(2) Full Name of Child *No Name* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 23 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Emmett Strickland*(9) PRESENT POSTOFFICE OF FATHER *Charlottesville*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *35* (Years)(12) BIRTHPLACE *Charlottesville*(13) OCCUPATION *Suburban*(14) Number of children born to mother, including present birth *1*

MOTHER.

(15) NAME BEFORE MARRIAGE *Violet Gibbons*(16) PRESENT POSTOFFICE OF MOTHER *Charlottesville*(17) COLOR OR RACE *Col* (18) AGE AT LAST BIRTHDAY *24* (Years)(19) BIRTHPLACE *Charlottesville*(20) OCCUPATION *Housewife*(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* at *3:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rebecca Gibbons*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Charlottesville*

Given name added from a supplemental report

191

Registrar

(26) Witness *Ruby Benson* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Jan 31 1916* (28) *Jan 31 1916* 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.

*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.