

(1) PLACE OF BIRTH
County of Cherokee
Township of ..
or
Inc. Town of ..
or
City of Cherokee (No.)
(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? .. (5) Number in order of birth .. (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 23, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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

MOTHER.
(14) NAME BEFORE MARRIAGE Violet Gilbreath
(15) PRESENT POSTOFFICE OF MOTHER Cherokee
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Cherokee Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 5

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) Relle Gilbreath
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

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

(27) Filed Jan 31, 1916 (28) John Kuehler
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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FORM NO. 10-1915. REVISED, FEBRUARY 1916. PRINTED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.

WHICH PLACE, WITH CERTAIN INFORMATION IN A PRESENT RETURN, IS TO BE FURNISHED TO THE STATE BOARD OF HEALTH, COLUMBIA, S. C.