

## (1) PLACE OF BIRTH

County of Horry  
 Township of Follyds.  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
15356

Registration District No. 2508 Registered No. 48  
 (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 William R. Strickland (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 21, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William R. Strickland  
 (9) PRESENT POSTOFFICE OF FATHER Nichols St.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE NC  
 (13) OCCUPATION Teacher  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lulah Skipper  
 (15) PRESENT POSTOFFICE OF MOTHER Nichols St.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE NC  
 (19) 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Skipper  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols St.

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) E. W. Williams 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.