

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Dillon
Township of Canton
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
5157

Registration District No. 3500 Registered No. 23
(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 Helen Pauline Strickling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplets? X (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH 1-29-22
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER,
(8) FULL NAME W. O. Strickling
(9) PRESENT POSTOFFICE OF FATHER Westminster, S. C.
(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 15

MOTHER,
(14) NAME BEFORE MARRIAGE Hellie Anderson
(15) PRESENT POSTOFFICE OF MOTHER West Rt 3
(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 15

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. (Hour A. M. or P. M.)
(23) (Signature) W. B. M.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 12-5
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2/27-22 (28) W. B. Martin 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.