

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 OF
 Inc. Town of
 or
 City of (No. St. Ward)

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

No. 8248 For State Registrar Only

Registration District No. 3000 Registered No. 118
 (For use of Local Registrar)

(2) Full Name of Child Willie Jane Strickley (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH Jan. 21, 1922
 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Jane Strickley (14) NAME BEFORE MARRIAGE Willie Slater
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S. C. (15) PRESENT POSTOFFICE OF MOTHER Bishopville S. C.
 (10) COLOR OR RACE Col (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE Lee Co (18) BIRTHPLACE Lee Co
 (13) OCCUPATION Farming (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 1 3 (21) Number of children of this mother now living, including present birth 1 3

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: (Both all day or afternoon) (Hour A. M. or P. M.)

(23) (Signature) Rosa Slater (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bishopville S. C.

Given name added from a supplementary report

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

(27) John H. J. Loney Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired if stillborn before the sixth month of pregnancy.