

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Middle  
 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

36039

Registration District No. 3620 Registered No. 80  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Boyford Stroman

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 Oct 9 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Stroman(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26  
 (Years)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION work on farm(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE  Daisy Dautzler(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 21  
 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION work on farm(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was celebrated at 100 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Selvey Knights(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed 11-6-22 (28) W. H. Dukes 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.

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 BECAUSE OF COLUMBIA, Columbia, S. C.