

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

71234

(1) PLACE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Beltonor
Inc. Town of BeltonRegistration District No. 300Registered No. 121

(For use of Local Registrar)

or
City of BeltonNo. 13 WestSt. 4 Ward

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

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Jas Pickens Strickland(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are yes
Parents
Married?(7) DATE
BIRTHAug. 27, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHerman Guy Strickland(9) PRESENT
POSTOFFICE
OF FATHERBelton S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY21
(Years)

(12) BIRTHPLACE

Belton S.C.

(13) OCCUPATION

Cotton mill operative(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEMarie King(15) PRESENT
POSTOFFICE
OF MOTHERBelton S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY18
(Years)

(18) BIRTHPLACE

Belton S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. E. Jones M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Belton S.C.Given name added from a supplemen-
tal report

....., 191....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed S. H. 8

1916

(28)

J. P. Acker
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.

MARGIN REMOVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATORY 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.

McGraw, of Columbia.