

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 Belton
 or
 Inc. Town of Belton Registration District No. 300 Registered No. 121
(For use of Local Registrar)
 or
(No. 13 West St.; 4 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jas Pickens Strickland 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) Are Parents Married? yes (7) DATE OF BIRTH Aug. 27, 1916
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Herman Guy Strickland

(9) PRESENT POSTOFFICE OF FATHER Belton S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Belton S.C.

(13) OCCUPATION Cotton mill operative

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie King

(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Belton S.C.

(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 Alive at 6:30 A. M.,
(Born alive or stillborn) (Hour, A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. R. Goussard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Filed Sept 8, 1916 (28) J. P. Acker Local Registrar

*When there was no attending physician or midwife, then the father, household, 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 RESERVED FOR BIRMINGHAM
 WRITE PLAINLY WHEN FILLING IN—THIS IS A PREPARED FORM
 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.
 McCraw, of Columbia.