CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
80507

(1) PLACE OF BIRTH
County of Charleston
Township of ....
or
Inc. Town of Chas
or
City of Charleston (No. 128 [redacted] St.; ....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1090
(For use of Local Registrar)

(2) Full Name of Child Frank Strickland
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	(To be answered only in event of Twins or Triplets)		Yes	Oct 3, 1916 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	John M Strickland	(14) NAME BEFORE MARRIAGE	Agnes Cecile Riley
(9) PRESENT POSTOFFICE OF FATHER	128 Spring St	(15) PRESENT POSTOFFICE OF MOTHER	128 Spring St
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE	Causey NC		(18) BIRTHPLACE Chas
(13) OCCUPATION	Insurance Agent		(19) OCCUPATION House
(20) Number of children born to mother, including present birth	5		(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [redacted]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.
.....
Registrar.

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

(27) Filed 10/10 191[illegible] (28) .....
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.

Registrar. Filed 10/31 1916 J.M.Green,M.D.
Corrected: JUN 20 1940 ION [illegible], M.D. Registrar

N. B.—Under Section 5 of the Act creating this Bureau, it is the duty of the Registrar to demand the certificate required by law, and to report to the Bureau the name of any person who fails to make such certificate.

McCaw, of Columbia, S. C.