

(1) PLACE OF BIRTH
 County of Columbus
 Township of Horn
 OR
 Inc. Town of
 OR
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
64851

Registration District No. 2508 Registered No. 47
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 12th 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Doc G. Strickland
 (9) PRESENT POSTOFFICE OF FATHER Causey SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Horn County SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Blanche Parker
 (15) PRESENT POSTOFFICE OF MOTHER Causey SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Columbus County NC
 (19) OCCUPATION Housewife
 (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 born alive at 2:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fair Bluff NC

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 7-20 1916 (28) [Signature] 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.

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.
 McCaw, of Columbia.

REMARKS: ALL INFORMATION CONTAINED HEREIN IS A PERMANENT RECORD.