

(1) PLACE OF BIRTH

County of *Columbus*Township of *Horry*

Inc. Town of

City of

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

(2) Full Name of Child *Wesley Parker Strickland*File No.—For State Registrar Only
64851

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2508* Registered No. *47*

(For use of Local Registrar)

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *June 12th 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Dock G. Strickland*(9) PRESENT POSTOFFICE OF FATHER *Causey SC*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Horry County SC*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *24*

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 *24*

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) *Physician*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician 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* 191... (28) *Wm. Brantley* 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.

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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.