Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9073

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville S.C.

or Inc. Town of ..... Registration District No. 1-a Registered No. 26 (For use of Local Reistrar)

or City of Abbeville (No. Mill Hill St.; 3rd Ward)

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

(2) Full Name of Child Benjamin Franklin 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	Y	X	Yes	Apr. (Name of Month) 13 (Day) 1915 (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Harry Clifford Strickland	(14) NAME BEFORE MARRIAGE Mary Gilbert
(9) PRESENT POSTOFFICE OF FATHER Abbeville Cotton Mill	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Marietta Ga	(18) BIRTHPLACE Lumpkin Co Ga
(13) OCCUPATION Cotton Mill operative	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

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 .....191.... (28) T. G. Perrin 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 RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

McCaw, of Columbia.