

3/28/46  
no Corres.  
free  
air

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.

Form No. 3

1. PLACE OF BIRTH

County of Richland  
Township of Gadsden, S.C.  
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

Registration District No. 3803

FILE No.—For State Registrar Only

00511

Registered No. ....  
(For use of Local Registrar)

2. FULL NAME OF CHILD

Frank Woods

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 .....

To be answered only in event of Twins or Triplets

6. Are Parents

Married? y. n. s.

7. Date of

Birth .....

(Name of Month) July

(Day) 17

(Year) 1922

FATHER

8. Full name

Lonnie Woods

9. Address at child's birth

Gadsden, S.C.

10. Color or race

Colored

11. Age at child's birth .....

40

(Years)

12. Birthplace

Gadsden, S.C.

13. Occupation

Farming

20. Number of children born to mother, including present birth .....

Nine (9)

MOTHER

14. Name before marriage

Marie Scott

15. Address at child's birth

Gadsden, S.C.

16. Color or race

Colored

17. Age at child's birth .....

38

(Years)

18. Birthplace

Gadsden, S.C.

19. Occupation

Farming

21. Number of children of this mother now living, including present birth .....

Eight (8)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was .....

Born alive

at 9:00 P.M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

23. Signature .....

Dr. J. P. Lesesne, Jr. P.O. Gadsden, S.C.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Give name added from a supplemental report

....., 19.....

Registrar.

26. Witness .....

(Signature of witness necessary only when question 23 is signed by mark)

27. Filed March 30 .....

1946

28. Thos. P. Lesesne

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.