

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 .....

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

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

Registration District No. 3803

22 049364

FILE No.—For State Registrar Only

00511

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

(No. .... St.; ..... Ward)

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>y. n. s.</u>	7. Date of Birth (Name of Month) <u>July</u> (Day) <u>17</u> (Year) <u>1922</u>
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**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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Suzanna W. P. P. Gadsden, S.C.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Give name added from a supplemental report

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.