Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18538

(1) PLACE OF BIRTH
County of Florence
Township of ..... or
Inc. Town of ..... or
City of .....
Registration District No. 20-A Registered No. 185
(For use of Local Registrar)
(No. ..... Sumter ..... St.; ..... Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Frances May Adams

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	June	1st	22

FATHER

(8) FULL NAME: Frank Woods
(9) PRESENT POSTOFFICE OF FATHER: Marion S C
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: ~~Florence S C~~
(13) OCCUPATION: Mill Work
(22) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Rosa Adams
(15) PRESENT POSTOFFICE OF MOTHER: Florence
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 25 (Years)
(18) BIRTHPLACE: Florence
(19) OCCUPATION: Cook
(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 alive at 8 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Edna Wilson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness ..... M. Yaeger
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed June 12 19 22 (28) C. C. Craft Jr.
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.

PENALTIES FOR MISUSE OF THIS BLANK.
Whoever knowingly makes any false statement in a certificate of birth, or knowingly supplies false information intending that the same be used in the preparation of such certificate, or signs a certificate of birth containing a statement known by him to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year, or both. (Section 1, Act No. 1, 1915 Extra Session, as amended by Section 2, Act No. 252, 1919.)

MODEL OF COLUMBIA, COLUMBIA, S. C.