

Form No. 3

(1) PLACE OF BIRTH

County of Florence Co. STATE OF SOUTH CAROLINA.  
Township of Cuthbertville Bureau of Vital Statistics  
Inc. Town of ..... Registration District No. 2002 State Board of Health

File No.—For State Registrar Only  
**52151**

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child White Shodman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH March 1911  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Herbert Shodman</u>	(14) NAME BEFORE MARRIAGE <u>Lela Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Leimonsville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leimonsville</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Harlemington</u>	(18) BIRTHPLACE <u>Florence Co.</u>	(13) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mary J. Shodman  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leimonsville, S.C.

Given name added from a supplemental report

(26) Witness Mary J. Shodman  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1911 (28) Mary J. Shodman 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.

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.