

Form No. 3

## (1) PLACE OF BIRTH

County of Florence  
 Township of Florence  
 OF  
 Inc. Town of Florence  
 OF  
 City of Florence

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

File No. - for State Registrar  
**20913**

Registration District No. 20 A Registered No. 218  
 (For use of Local Registrar)  
 No. 435 Liborville St. 14 Ward

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

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

(3) SEX OF CHILD Girl (4) 2 (5) 1st (6) 1st (7) DATE July 25, 23  
 (8) 1st (9) 1st (10) 1st (11) 1st (12) 1st

**FATHER**  
 (13) FULL NAME James Woodman  
 (14) PRESENT POSTOFFICE OF FATHER Florence  
 (15) COLOR OR RACE Chad (16) AGE AT LAST BIRTHDAY 23  
 (17) BIRTHPLACE North Carolina  
 (18) OCCUPATION Farmer  
 (19) Number of children born to mother, including present birth 1

**MOTHER**  
 (20) NAME BEFORE MARRIAGE Paula Nelson  
 (21) PRESENT POSTOFFICE OF MOTHER Florence  
 (22) COLOR OR RACE Colored (23) AGE AT LAST BIRTHDAY 19  
 (24) BIRTHPLACE North Carolina  
 (25) OCCUPATION Housewife  
 (26) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(28) (Signature) John W. Woodman (29) Address of Physician or Midwife John W. Woodman

(30) State whether Physician or Midwife Physician (31) Address of Physician or Midwife John W. Woodman

(32) Given name added from a supplemental report

(33) Witness John W. Woodman (34) Signature of Witness necessary only when question 23 is signed by mark

(35) Filed July 25, 23 (36) P. H. Brigham 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.