

Form No. 3

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town .....

or .....

City of Florence

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18546

Registration District No. 20-A Registered No. 194

(For use of Local Registrar)

(No. 408 Oakland St.; one Ward)

## (2) Full Name of Child

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

7 SEX OF CHILD <u>Boy</u>	8 Twin or Triplet? <u>No</u>	9 Number in order of birth <u>1</u>	10 Are Parents Married? <u>Yes</u>	11 DATE OF BIRTH <u>June 15, 1922</u>
12 FATHER'S FULL NAME <u>John Thomas Potter</u>		13 MOTHER'S FULL NAME <u>Collie Lynah</u>		
14 PRESENT POSTOFFICE OF FATHER <u>Florence, S.C.</u>		15 PRESENT POSTOFFICE OF MOTHER <u>Florence, S.C.</u>		
16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>30</u>	18 COLOR OR RACE <u>White</u>	19 AGE AT LAST BIRTHDAY <u>23</u>	
20 BIRTHPLACE <u>Darlington Co., S.C.</u>		21 BIRTHPLACE <u>Florence Co., S.C.</u>		
22 OCCUPATION <u>Painter</u>		23 OCCUPATION <u>Housewife</u>		
24 Number of children born to mother, including present birth <u>4</u>		25 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 alive at 3 P.M. on the date above stated.(23) (Signature) M. W. HICKS, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Florence, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 19, 1922 (28) C. C. Crawford 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.