

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Annie Belle Workman

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH July 22, 1922

FATHER. (8) FULL NAME Clinton Workman (9) PRESENT POSTOFFICE OF FATHER Leonis & C. (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE Harry Es & C. (13) OCCUPATION Farmer

MOTHER. (14) NAME BEFORE MARRIAGE Essie Wright (15) PRESENT POSTOFFICE OF MOTHER Leonis & C. (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (18) BIRTHPLACE Harry Es & C. (19) OCCUPATION house & field work

(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Anne at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip F. Melvin

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenwood & C.

Given name added from a supplemental report

(26) Witness Lennie Jones (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 17, 1922 (28) E. E. Ruffin 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.

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.

McGraw-Hill, Columbia, S. C.