

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74688

Registration District No. 40 B Registered No. 41

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Joseph Rogers Workman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Aug. 14, 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Herbert Workman

(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Medical Doctor

(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Caroline Floyd Rogers

(16) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 31 (Years)

(19) BIRTHPLACE Spartanburg Co

(20) OCCUPATION House Keeping

(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) Dr. J. H. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Seneca 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 Sep. 11, 1916 (28) 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.

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