

THIS IS A PRELIMINARY REPORT
OF BIRTH OR STILLBIRTH AND IS NOT A FINAL REPORT
IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR
AND A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
FILED WITHIN 10 DAYS OF THE BIRTH OR STILLBIRTH
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.

(1) PLACE OF BIRTH

County of Albermarle
Township of
or
Inc. Town of
or
City of

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

Registration District No. 4600 Registered No. 110
(For use of Local Registrar)
(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 Maria Workman If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Female</u>	(2) Type or Traces To be governed by event of Tests or Traces	(3) Number in order of birth <u>1</u>	(4) Age Months <u>22</u>	(5) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Oct 22 23</u>
FATHER.			MOTHER.	
(6) FULL NAME <u>John Workman</u>	(14) NAME <u>Maria Holmes</u>		(15) NAME <u>Thomas</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Thomas</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Thomas</u>		(17) PRESENT RESIDENCE OF MOTHER <u>Thomas</u>	
(8) COLOR OR RACE <u>Negro</u>	(9) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(12) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farm Laborer</u>	(14) OCCUPATION <u>Farm Laborer</u>		(15) OCCUPATION <u>Farm Laborer</u>	
(16) Number of children born to mother, including present birth <u>3</u>	(17) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was female (or stillborn) (Mark A. M. or P. M.)
on the date above stated.

(19) (Signature) James A. Duncanson
(20) State whether Physician or Midwife Midwife (21) Address of Physician or Midwife Thomas

Given name added from a supplemental report

(22) Witness James A. Duncanson
(Signature of Witness necessary only when question 22 is signed by parent)

(23) Signed Oct 29 23 (24) L. H. Boyd, M.D.
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.