

Registration Number 2000 7000  
 (If birth occurs in a hospital or other institution, give name of same instead of street and city)  
 (1) Full Name of Child Elizabeth Workman

SEX <u>girl</u>	AGE <u>2</u> years	DATE OF BIRTH <u>Jan 21</u>	TIME <u>11:00</u>
FATHER <u>Eddie Workman</u>		MOTHER <u>Lula Harding</u>	
FAMILY NAME <u>Lugoff</u>		FAMILY NAME <u>Lugoff</u>	
RACE <u>colored</u>		RACE <u>colored</u>	
STATE <u>South Carolina</u>		STATE <u>South Carolina</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Farmer</u>	
NUMBER OF OTHER CHILDREN <u>5</u>		NUMBER OF OTHER CHILDREN <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
 (21) Signature Rebecca S. [illegible]  
 (22) Date Jan 21  
 (23) Given name added from a supplemental report  
 (24) Witness [illegible]  
 (25) Filed Jan 21

When there was no attending physician or midwife, if a child breathes even once, it is considered born alive.