

MARGIN RESERVED FOR BINDING.  
 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 6.

**(1) PLACE OF BIRTH**  
 County of *Hambleton*  
 Township of *Hambleton*  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(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 *Oct 27 1914*  
 (Name of Month (Day) (Year))

**FATHER.**  
 (8) FULL NAME *Robert Workman*  
 (9) PRESENT POSTOFFICE OF FATHER *Lugoff*  
 (10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *32* (Year)  
 (12) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Farming*  
 (20) Number of children born to mother, including present birth *9*

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE *Lebena Suther*  
 (15) PRESENT POSTOFFICE OF MOTHER *Lugoff*  
 (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *32* (Year)  
 (18) BIRTHPLACE *S.C.*  
 (19) OCCUPATION *Farming*  
 (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 *born alive or stillborn* on the date above stated. (Hour A. M. or P. M.) *6 P.M.*  
 (23) (Signature) *Ligea J. Jones*  
 (24) State whether Physician or Midwife *Midwife* (If name of Physician or Midwife is not known, give name of person to whom reported)

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)  
 (27) Filed *Oct 31 1914* *W. H. Jones* 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.

File No. for State Registrar Only  
**35082**