

Form No. 3

(1) PLACE OF BIRTH

County of ColumbiaTownship of 1stor
Inc. Town of Delroydor
City of Delroyd

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lenora Workman(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 14 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John Workman
(9) PRESENT POSTOFFICE OF FATHER Thomas 26
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Labor
(20) Number of children born to mother, including present birth SixMOTHER.
(14) NAME BEFORE MARRIAGE Fannie McCallister
(15) PRESENT POSTOFFICE OF MOTHER Thomas
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Labor
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Laura J. Duncan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Thomas 26

Given name added from a supplemental report

(26) Witness L. H. Boyd

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

(27) Filed Sept 30 1922 (28) 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.

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.

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