

ANNUAL STATISTICS REPORTING FORM Due March 1

atistics for Calenda	ar year or	,	(Date begin)		(Date end)
ccording to Alabama abama State Board o LMidwiferyBoard@p	of Midwifery the foll	owing information.	rives are required Please submit to	the ASBM	ually with the
As primary licensed midwife				anothe	sistant to r licensed dwife
	То	tal number of births	;		
	Total number o	f intrapartum mater	nal transfers		
	Total number o	f postpartum mater	nal transfers		
	Total nu	umber of infant tran	sfers		
	Total number	of maternal deaths midwifery care	while under		
	Total number of ir	nfant deaths while u	ınder midwifery		
bove data is comple labama State Boar ccordance with stat	d of Midwifery is r	rue to the best of	my knowledge.	I underst	and that the
ignature				Date	