

Form No. 1.

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

File No.—For State Registrar Only
44908

(1) PLACE OF BIRTH

County of Union

Township of Piney

or
Inc. Town of Mr. Taylor & Co

or
City of Mr. Taylor & Co

Registration District No. 4205 Registered No. 148
(For use of Local Registrar)

(No. 148 St.: 148 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marshall Palmer

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL 2

(4) Twin
or Triplet 2

(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? Yes

(7) DATE OF
BIRTH Dec 23rd 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Davis Palmer

(9) PRESENT
POSTOFFICE
OF FATHER Mr. Taylor & Co

(10) COLOR
OR
RACE Colored (11) AGE AT LAST
BIRTHDAY 27 (Years)

(12) BIRTHPLACE
Mr. Taylor & Co

(13) OCCUPATION
Farmer

(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Charles M. Beth

(15) PRESENT
POSTOFFICE
OF MOTHER Mr. Taylor & Co

(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 22 (Years)

(18) BIRTHPLACE
Mr. Taylor & Co

(19) OCCUPATION
Farmer

(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 am 12
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Beulah J. ... (24) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife

Given name added from a supplement-
tal report

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

(27) Filed Jan 8 1913 (28) D. J. ... Local Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

*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.