

(1) PLACE OF BIRTH

County of AllendaleTownship of AllendaleInc. Town of Farmington

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40681

Registration District No. 4601Registered No.
(For use of Local Registrar)2) Full Name of Child Chen Martin Palmer Jr If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 22 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Chen Martin Palmer(9) PRESENT POSTOFFICE OF FATHER Farmington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Bishopville S.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mae May(15) PRESENT POSTOFFICE OF MOTHER Farmington S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Denmark(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P M. on the date above stated. (Born alive or stillborn) (A. M. or P. M.)(23) (Signature) J. H. Luten(24) State whether Physician or Midwife (25) Address of Physician or Midwife Farmington S.C.

(Given name added from a supplemental report)

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Registrar

(26) Witness

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

(27) Filed Jan 10 1923 (28) J. H. Luten 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.

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MARGIN RESERVED FOR BINDING.

FORM NO. 7.

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, of Columbia.