

Form No. 1

(1) PLACE OF BIRTH

County of MyersTownship of Boysanvilleor
Inc. Town ofor
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

87704

Registration District No. 4201 Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child... Ole Palm { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(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 Nov 20 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ole Palm

(9) PRESENT POSTOFFICE OF FATHER

Jonesville

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

Union Co SC

(13) OCCUPATION

Farmer

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

{ one }

MOTHER.

(14) NAME BEFORE MARRIAGE

Belle Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE

Union Co SC

(19) OCCUPATION

House Work

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

{ one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at one P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Furrell McRith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Jonesville #2

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Dec 26 1916

(28)

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.

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.

Law of Columbia