

(1) PLACE OF BIRTH

County of

Township of

or
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

52239

Registration District No. 21-A Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Wm Palmer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 7th (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 25 1916
(Name of Month) (Day) (Year)(8) FULL NAME Laifield Palmer FATHER. (14) NAME BEFORE MARRIAGE Magdelene Grate MOTHER.(9) PRESENT POSTOFFICE OF FATHER Keeton (15) PRESENT POSTOFFICE OF MOTHER St George(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(Years) (Years)(12) BIRTHPLACE S. C. (18) BIRTHPLACE Georgetown S.C.(13) OCCUPATION Post Land (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive 1 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Tamm

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

Given name added from a supplemental report

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

(27) Filed April 1, 1916 (28) C. S. M. J. J. 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.