

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

File No.—For State Registrar Only  
**28840**

**(1) PLACE OF BIRTH**

County of Anderson  
Township of Piedlitan  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. 310

Registered No. 98  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

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

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

**(2) Full Name of Child**

3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 9 24 22  
(Name of Month) (Day) (Year)

**FATHER**

8) FULL NAME J. Lee Palmer  
9) PRESENT POSTOFFICE OF FATHER Piedlitan, S.C.  
10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37  
(Years)  
12) BIRTHPLACE And Co, S.C.  
13) OCCUPATION Auto Mechanic  
20) Number of children born to mother, including present birth 5

**MOTHER**

14) NAME BEFORE MARRIAGE Ada Camp  
15) PRESENT POSTOFFICE OF MOTHER Piedlitan, S.C.  
16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35  
(Years)  
18) BIRTHPLACE Rabun Co, Ga.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) C. C. Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Piedlitan S.C.

Given name added from a supplemental report

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

(27) Filed Oct 13 1922 (28) N. W. Seawright 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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MADE IN COLUMBIA, S. C. N. B.—In case of TWINS OR TRIPLETS, SEPARATE REPORTS MUST BE MADE FOR EACH CHILD, AND WHEN THE WHOLE PLAINLY, WITH ONE PLAIN, IN WHICH IS A PRESENTLY RECORDED, AND WHEN THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.