(1) PLACE OF BIRTH

County of Barnwell

Township of Allendale

or

Inc. Town of Allendale

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
84399

Registration District No. 500

Registered No. 154
(For use of Local Registrar)

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

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

(2) Full Name of Child Jno Samuel Polmer

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

(3) Color or Race: Colored

(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 23 1916 (Name of Month) (Day) (Year)

FATHER.

(8) Full Name: Jno S Polmer Md

(9) Present Postoffice of Father: Allendale S.C.

(10) Color or Race: White (11) Age at Last Birthday: 26 (Years)

(12) Birthplace: S.C.

(13) Occupation: Pharmacist & Surgeon

(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) Name Before Marriage: Elvira Strange

(15) Present Postoffice of Mother: Allendale S.C.

(16) Color or Race: White (17) Age at Last Birthday: 23 (Years)

(18) Birthplace: S.C.

(19) Occupation: Housewife

(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 Alive (Born alive or stillborn) at 9.45 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) F H Boyd MD

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Allendale SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 23 1916 (28) F H Boyd MD
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.