

(1) PLACE OF BIRTH

County of Charleston
 Township of Eden
 or
 In Town of

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

File No. — For State Registrar Only
6589

Registration District No. 171 Registered No. 18
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Normie Julia Palmer (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Edward Palmer
 (9) PRESENT POSTOFFICE OF FATHER St Paul S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27
 (Year)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Normie Seal
 (15) PRESENT POSTOFFICE OF MOTHER St Paul S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5 P. M., on the date above stated. (Hour M. or P. M.)
 (22) (Signature) Margaret Palmer
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Eden

Give name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Feb 23 1923 (27) Local Registrar J. Henry King

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.