

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 30.—For State Registrar Only
3200

County of

Township of

or

Inc. Town of

City of

Registration District No. 9A

Registered No. 287

(For use of Local Registrar)

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

(2) Full Name of Child

Alfred Palmer

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

(3) SEX OR ☒ Male ☐ Female (4) Twin or Triplet ☐ To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 10 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alfred Palmer
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Jacksonville F.L.
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE W. Helaina Brown
(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 23 (Years)
(19) BIRTHPLACE Charleston S.C.
(20) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (23) (Signature) Lucy L. Hall (24) State whether Physician or Midwife (25) Address of Physician or Midwife 14 Swan St

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed (28) 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.

1927-28-29, No. 2, etc. in question 1

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