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(1) PLACE OF BIRTH

County of Berkley
Township of St. Johns
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. 34895

Registration District No. 403 Registered No.
(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 Lettie Palmer

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

(3) SEX OF CHILD girl (4) Type of Twins one (5) Are Twins yes (6) DATE OF BIRTH Nov 9 1923
(Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME Jaim Palmer
(8) PRESENT RESIDENCE OF FATHER St. Johns
(9) COLOR OR RACE Colored (10) AGE AT LAST BIRTHDAY 24
(11) BIRTHPLACE At
(12) OCCUPATION Farmer
(13) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Palmer
(15) PRESENT RESIDENCE OF MOTHER St. Johns
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE At
(19) OCCUPATION Housewife
(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 at St. Johns on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)

(22) (Signature) W. H. Gregory (23) Since whether Physician or Midwife Midwife (24) Address of Physician or Midwife St. Johns

Given name added from a supplemental report

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

(26) Filed Nov 17 1923 (27) A. M. M. M. M. M.

When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is required of stillborn before the fifth month of pregnancy.