

(1) PLACE OF BIRTH

County of B. Supply Co.Township of 1st

or Inc. Town of _____

or _____

City of _____

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

(2) Full Name of Child Edward Lee Palmer(3) BOY OR GIRL Boy (4) Twin or Triplet? Light (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 26 1924

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Palmer(9) PRESENT POSTOFFICE OF FATHER Pineville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Reina Brown(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bess Palmer (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville S.C.

Given name added from a supplemental report

(26) Witness R. E. Hamilton (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 19 (28) Local Registrar Ben M. Barrow

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.