

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74790

Registration District No. 4006

Registered No. 118
(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Palmer

(9) PRESENT POSTOFFICE OF FATHER

Pocasset D.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE*

D.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Glenn

(15) PRESENT POSTOFFICE OF MOTHER

Pocasset D.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

D.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sam Palmer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

M.H. Brown

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

(27) Filed 8/17-1916

(28)

M.H. Brown
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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.