

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19192

Registration District No. 2804Registered No.
(For use of Local Registrar)

(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 Palmer Mackey

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

3) BOY OR GIRL? 12 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH June 9, 1912
 To be answered only in event of Twins or Triplets (Name of Month) Day (Year)

FATHER.

8) FULL NAME Palmer Mackey
 9) PRESENT POSTOFFICE OF FATHER Lancaster
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 25 (Years)
 12) BIRTHPLACE Lancaster
 13) OCCUPATION Black Hand
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Jessie E. P. Mackey
 15) PRESENT POSTOFFICE OF MOTHER Lancaster
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 24 (Years)
 18) BIRTHPLACE Lancaster
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. J. Stuart(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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

(27) Filed 7-12 1912 (28) Local Registrar. J. J. Stuart

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.

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