

Form No. 3

(1) PLACE OF BIRTH

County of ColletonTownship of Blake

or

In 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

24089

Registration District No. 1402Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Female</u>	(4) Type of Toilet <u>ie</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 17 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Deborah Palmer</u>	(14) NAME BEFORE MARRIAGE <u>Hager Tobias</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Green Pond S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Green Pond S.C.</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>Ed Co S.C.</u>		(18) BIRTHPLACE <u>Ed Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Marion Hager(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Green Pond

Given name added from a supplemental report

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

(27) Filed Aug 24 1923 (28) M. B. Huggins 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.