

FORM NO. 1
MARGIN RESERVED FOR INDEXING
WHEN PLACING VITAL RECORDS IN THIS IS A PRELIMINARY RECORD
& A CHILD OR TRIPLETS ARE A SEPARATE ENTRY FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Secretary of Columbia.
McC

(1) PLACE OF BIRTH

County of Union

Township of Clarkney

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

83760

Registration District No. 4245 Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child Sidney Palmer

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

(3) SEX OR

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 1-6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Palmer

(9) PRESENT POSTOFFICE OF FATHER

Union B. H. #4

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Union, S.C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Gaulb

(15) PRESENT POSTOFFICE OF MOTHER

Union B. H. #4

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Union, S.C.

(19) OCCUPATION

Domestic

(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 alive at 5 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Union, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed Oct. 6 191.....

(28) D. G. Gallina

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.

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