

(1) PLACE OF BIRTH

County of Anderson
 Township of Barren
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 2860
 (For use of Local Registrar)

Registration District No. 315 Registered No. 4
 (For use of Local Registrar)

City of (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 Boy Palmer (If child is not yet named, make supplemental report as directed)

(3) SEX OR Boy (4) Type Male (5) Number in 1 (6) Are Yes (7) DATE OF Feb. 8 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Rita Palmer
 (9) PRESENT POSTOFFICE OF FATHER Sandy Springs, Ga.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE GA.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Ada M. Wilcox
 (15) PRESENT POSTOFFICE OF MOTHER Sandy Springs, Ga.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE GA.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson
 (24) State Physician or Midwife (25) Address of Physician or Midwife Anderson, Ga.

(Given name added from a supplemental report)

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

(27) Filed 3/10 (28) W. L. R.

When there was no attending physician or midwife, then the father, housewife, etc., must report as stillborn. No report is necessary if a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.