

FORM NO. 1.

15 045155

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

County of Anderson  
Township of Bendleton  
or  
Inc. Town of S. C.  
or  
City of S. C.

Registration District No. 310 Registered No. 3  
(For use of Local Registrar)

(2) Full Name of Child William Oscar Palmer

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31, 1915  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Oscar Palmer  
(9) PRESENT POSTOFFICE OF FATHER Deceased  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Anderson Co.  
(13) OCCUPATION Householder  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Belle Biggs  
(15) PRESENT POSTOFFICE OF MOTHER Bendleton S. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Rutherford Co. N. C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert B. Day  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Bendleton 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 Jan 21, 1916 (28) H. C. Summers 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, 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.