

(1) PLACE OF BIRTH

County of CharlestonTownship of Christ Church

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 905

File No.—For State Registrar Only

6886

Registered No. 89
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Palmer

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

(3) BOY OR GIRL: <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH: <u>Mar 2 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME: John Palmer

(9) PRESENT POSTOFFICE OF FATHER: Int Pleasant

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 43
(Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Savina Coakum

(15) PRESENT POSTOFFICE OF MOTHER: Int Pleasant

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 5
(Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: House Keeper

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at H. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Palmer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)