

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.

(1) PLACE OF BIRTH

County of _____

Township of

Inc. Town of

City of

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

(2) Full Name of Child. Viola Palmer

(3) BOY OR GIRL? ☒

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan 1951 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Palmer

(9) PRESENT POSTOFFICE OF FATHER *Shawmut St*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE *Beaufort N.C.*

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE *Viola Purchase*

(15) PRESENT
POSTOFFICE
OF MOTHER *Charles F. ...*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE *h h*

(19) OCCUPATION Saunders

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Asian at 3:00 M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(28) (Signature) *C. D. ... J. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 191 (28) 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.

Reported as Baltimore. No report is credited to Baltimore. Source: [redacted]