

**(1) PLACE OF BIRTH**

County of York  
Township of Blacklick  
or  
Inc. Town of.....  
or  
City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 1101... Registered No. 22.....  
(For use of Local Registrar)

File No.—For State Insulating Code

**17125**

(2) Full Name of Child... Emma Johnson

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

21-00000

(4) **Twin**  
**or Triplet**  
**To be an**

(8) Number in order of birth /

(b) Are Parents Married? *Yes*

(7) DATE OF BIRTH June 28 1972  
(Month) (Day) (Year)

## FATHER

(b) FULL NAME *Lieut Palmer*

(b) PRESENT POST OFFICE OF FATHER

Carroll & C

(10) COLOR ON BACK

(11) AGE AT LAST BIRTHDAY 21  
(Year)

**(15) INTERVIEW**

Sarah Ya

(15) **COMPATIBILITY**

Farmer

## MOTHERS

(14) NAME BEFORE MARRIAGE Jane Conner

(10) PRESENT POSITION OF MATRONS

Connell & Co

(10) COLOR ON BACK

(17) AGE AT LAST BIRTHDAY.....20

**(U) [REDACTED]**

M.S.

## CONCLUSIONS

ATION  
I am wife

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(29) I hereby certify that I attended the birth of this child, who was Donna Ann at 47 M.  
on the date above stated. 1 (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether **Abolitionist** Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6/19/88 (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.