

(1) PLACE OF BIRTH

County of AndersonTownship of Trails

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2804 for State Register Vol. 18Registration District No. 306... Registering No. 18

(For use of Local Registrar)

2) Full Name of Child Henry Harold Palmer If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy

(2) Twin or Triplet?

(3) Number in order of birth

(4) Are parents married?

(5) DATE OF BIRTH June 2, 23
(Month of Birth) (Day) (Year)

FATHER.

(6) FULL NAME Geo. P. Palmer(7) PRESENT POSTOFFICE OF FATHER Camille(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 28 (Years)

(10) BIRTHPLACE

(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 3

MOTHER.

(13) NAME BEFORE MARRIAGE Gertrude May Bandett(14) PRESENT POSTOFFICE OF MOTHER Camille(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 21 (Years)

(17) BIRTHPLACE

(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(21) Signature J. P. H. H. H. (22) State Registrar of Births (23) Address of Physician or Midwife

When name added stamp is required, the report

May 11, 1923
Janie Hainey

When there was no attending physician or midwife, the report

Signature of person reporting only (This column is to appear in blank)

Handwritten signature