

(1) PLACE OF BIRTH

County of BeaufortTownship of Phredon

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 60813Registered No. 90
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Earlhi Palu If child is not yet named, make supplemental report as directed

(3) Sex of Child <u>Male</u>	(4) Type of Birth <u>To be delivered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Robert Palu</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Yemassee</u>	
(10) COLOR OR RACE <u>N</u>	(12) BIRTHPLACE <u>Beaufort Co</u>
(13) OCCUPATION <u>Farmer</u>	
(14) Number of children born to mother, including present birth <u>2</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Elizabeth Green</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Yemassee</u>	
(16) COLOR OR RACE <u>N</u>	(18) BIRTHPLACE <u>Beaufort Co</u>
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna L. L. L.
(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 22 is signed by mark)

(27) Filed (28)

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.

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 8.

Section of Columbia, Columbia, S. C.

K O O D A K S . A F