

PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Department of Vital Statistics
Bureau of Health

Fig. 21.—For Baby Register Only

521

146

Registration District No. 9 Registered No. 146
City of Charleston S.C. (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 Charles Doan Palmer If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 18 1923

FATHER
(8) FULL NAME Alex Singleton

(9) PRESENT RESIDENCE OF FATHER Mt Pleasant S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Mt Pleasant S.C.

(13) OCCUPATION laborer

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

MOTHER
(14) NAME BEFORE MARRIAGE Mary Palmer

(15) PRESENT RESIDENCE OF MOTHER 44 Marsh St Charleston S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Mt Pleasant S.C.

(19) OCCUPATION cook

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. J. Woods M.D. (23) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(25) Filed 1/20/23 (26) Registrar J. J. Woods

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.