

(1) PLACE OF BIRTH

County of Anderson
 Township of William
 or
 Inc. Town of Palmer
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12767

Registration District No. 32Registered No. 62
(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

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>9</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>May 12, 1923</u> (Name of Month) (Day) (Year)
8. FULL NAME OF FATHER <u>Jim Green</u>			9. FULL NAME OF MOTHER <u>Nannie Clayton</u>	
10. PRESENT POSTOFFICE OF FATHER <u>Palmer</u>			11. PRESENT POSTOFFICE OF MOTHER <u>Palmer</u>	
12. COLOR OR RACE <u>White</u>	13. AGE AT LAST BIRTHDAY <u>43</u> (Years)	14. COLOR OR RACE <u>White</u>	15. AGE AT LAST BIRTHDAY <u>38</u> (Years)	
16. BIRTHPLACE <u>Greenville County</u>			17. BIRTHPLACE <u>S.C.</u>	
18. OCCUPATION <u>Mill Work</u>			19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>9</u>			21. Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. S. Denny

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Palmer S.C.

Given name added from a supplemental report

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

(27) File June 7, 1923 (28) Local Registrar
W. S. Denny

*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.