Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of City

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
44165

Registration District No. 369. Registered No. 14
(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 Mordecai Palmer — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 11 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Henry Palmer	(14) NAME BEFORE MARRIAGE Ellen Rowe
(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC	(15) PRESENT POSTOFFICE OF MOTHER Orly SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Orly SC	(18) BIRTHPLACE Orangeburg Co SC
(13) OCCUPATION Painter	(19) OCCUPATION House Work
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

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) at 1 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Tilly Dean M W

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 6 1924 (28) W. H. Duke
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 [illegible] before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Medan of Columbia, Columbia, S. C.