

## (1) PLACE OF BIRTH

County of GreenvilleTownship of S. 1. E. 1.Inc. Town of GreenvilleCity of Greenville

(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. 10.—For State Registrar Only

2467

Registration District No. 22098 Registered No. 2467

(For use of Local Registrar)

(No. 22 9th St Woodside Ward)(2) Full Name of Child Lily Palmer

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

Jan 24, 23

## FATHER.

(8) FULL NAME James C. Palmer(9) PRESENT RESIDENCE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Dolly Rathborn(15) PRESENT RESIDENCE OF MOTHER Greenville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at S.P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Weaver

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville S.C.

(26) Given name added from a supplemental report

(28) Witness

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

(29) Filed Sept. 1, 1923. (30) John F. Weaver 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 stillbirths before the fifth month of pregnancy.

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