

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Colby  
 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

31569

Registration District No. 36-ARegistered No. 138  
(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 Winnie Bannana Palmer

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 11 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rogers Palmer(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Colby Co. S.C.(13) OCCUPATION Pressing Clerk(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Mae M. Ikkin(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Sumter, S.C.(19) OCCUPATION House Keeper(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 alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) G. A. Frost(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

THIS IS A PRELIMINARY RECORD. 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 5.