

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rock Hill

(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

File No.—For State Registrar Only

2736

Registration District No. 4413Registered No. 4

(For use of Local Registrar)

(No. William St. Ward)

(2) Full Name of Child

Galley (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9 19 22

FATHER MOTHER

(8) FULL NAME Walter J. Galley (14) NAME BEFORE MARRIAGE Lena Kester(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C. (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (12) BIRTHPLACE S.C. (13) OCCUPATION Railway shop mechanic(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (18) BIRTHPLACE S.C. (19) OCCUPATION Domestic(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 at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. D. Hester(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Rock Hill 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 1/12 19 22(28) Local Registrar J. R. Miller

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.