

(1) PLACE OF BIRTH

County of Newberry

Township of No. 1

or
Inc. Town of

or
City of

(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

43845

Registration District No. 3408 Registered No. 84
(For use of Local Registrar)

(2) Full Name of Child. Rosalee Gallman } 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 BIRTH Dec 28 1942
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff Gallman

(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Newberry Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Toland

(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Newberry Co S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie T. Toland (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

..... 191.....
Registrar

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

(27) Filed Dec 28 1942 (28) S. S. Cunningham 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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N. B.—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.

McCaw, of Columbia.