

IF 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.

(1) PLACE OF BIRTH

County of Oconee
Township of Wagram
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

19623

Registration District No. 4-1-06

Registered No. 3864
(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 Julius Gallows

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

(3) BOY OR GIRL B

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 24, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Morris Gallows

(9) PRESENT POSTOFFICE OF FATHER

Trachucense

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Trachucense, Co. 15

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maud Jones

(15) PRESENT POSTOFFICE OF MOTHER

Trachucense

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Pickens Co S.C.

(19) OCCUPATION

Housewife

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

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5:34, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John R. Trachuc

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys

Trachucense

Given name added from a supplemental report

(26) Witness

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

19 1922 Registrar

(27) File

July 10

(28)

Maud Jones
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.