

(1) PLACE OF BIRTH

County of FlorenceTownship of Lakeor
Inc. Town ofor
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

4029

Registration District No. 2009Registered No. 1651

(For use of Local Registrar)

(2) Full Name of Child Jarvis Eugene Gallows

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Father Married? Yes(7) DATE OF BIRTH Dec. 16 20

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Gallows(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Tart(16) PRESENT POSTOFFICE OF MOTHER Lake City SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 38
(Years)(19) BIRTHPLACE SC(20) OCCUPATION House(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 3 M., on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. W. Trickett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lake City SC

For name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed in ink)

(27) Filed 1/9 24

(28)

(29) R. L. Carter
(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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