

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville  
Township of Reynolds  
OF  
Inc. Town of .....  
OF  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

19595

Registration District No. 3502 Registered No. 64  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Morris Galloway If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1922  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Morris Galloway

(9) PRESENT POSTOFFICE OF FATHER Walhalla, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Nine (9)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maudie Jones

(15) PRESENT POSTOFFICE OF MOTHER Walhalla, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Pickens Co. S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Which (7)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Wick

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla, 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 June 10 1922 (28) Levin W. Smith  
Registrar 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.