

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

355

County of BerkleyTownship of 2nd - S. 1st - E.

In Town of.....

Registration District No. 706 Registered No. 7
(For use of Local Registrar)City of..... (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 Freddie Gallin Jr If child is not yet named, make supplemental report as directed

(3) SEX OR AGE <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 25 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL
NAME Freddie Gallin(9) PRESENT
RESIDENCE
OF FATHER Bonneau(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 28
(Year)(12) BIRTHPLACE
Berkley Co(13) OCCUPATION
House worker(14) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Mable Barnes(15) PRESENT
RESIDENCE
OF MOTHER Bonneau(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 21
(Year)(18) BIRTHPLACE
Berkley Co(19) OCCUPATION
House worker(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 7 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah A. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeAlvin StGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed Jan 25 1923 (28) J. J. GwaltneyWhen there was no attending physician or midwife, then the father, householder, or other person should make the report
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.