

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

(City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Samuel Galvest

File No.—For State Registrar Only

29190

Registration District No. 9500

Registered No.
(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

Twin

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 31, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed Galvest

(9) PRESENT POSTOFFICE OF FATHER

M^cCommick

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Jennings

(15) PRESENT POSTOFFICE OF MOTHER

M^cCommick

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

H W

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

Maggie Chamberlain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid W. M^cCommick

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

M W Chamberlain
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.