

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>				STATE OF SOUTH CAROLINA		990	
Township of <u>Lydia</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health			
City of				Registration District No. <u>1586</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>His son Galloway</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 30 1922</u> (Same of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>L. D. Galloway</u>				(14) NAME BEFORE MARRIAGE <u>Acornne Fields</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lydia S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lydia S.C.</u>			
(10) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>White</u>			
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)			
(12) BIRTHPLACE <u>Darlington Co.</u>				(18) BIRTHPLACE <u>Darlington Co.</u>			
(13) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>Five</u>				(21) Number of children of this mother now living, including present birth <u>Four</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> (Born alive or stillborn) at <u>2 P.M.</u> (Hour A. M. or P. M.) on the date above stated.							
(23) (Signature) <u>Walter Harris</u>				(24) Address of Physician or Midwife <u>Physician</u>			
(25) Status whether Physician or Midwife				(26) Address of Physician or Midwife			
Given name added from a supplemental report				(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>R. H. J. J. J.</u>			
(28) Filed <u>Jan 22</u> (29) Local Registrar				(30) 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.