

(1) PLACE OF BIRTH

County of Hawthorn
 Township of Prosser
 or
 Inc. Town of Prosser
 or
 City of Prosser (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 Isadora G. Allen (If child is not yet named, make supplement as directed)

(3) BOY OR GIRL Girl (4) 2 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 22
 To be answered only in event of Twin or Triplet (Day, Month, Year)

FATHER
 (8) FULL NAME John Calvin Galtman
 (9) PRESENT POSTOFFICE OF FATHER Prosser, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Prosser, S.C.
 (13) OCCUPATION Worker
 (14) Number of children born to mother, including present birth 22

MOTHER
 (14) NAME BEFORE MARRIAGE Lucinda Byles
 (15) PRESENT POSTOFFICE OF MOTHER Prosser, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Prosser, S.C.
 (19) OCCUPATION House Wife
 (20) 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 born alive at 5:42 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Byles (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosser, 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 Sept 22 (28) C. T. Wycher 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.

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

File No.—For State Registrar Only
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