

County of WYOMING
Township of BULL SWAMP
or Therese
Inc. Town of: _____
or _____
City of _____

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

19358

Registration District No. Registered No.
(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 Stella Geraldine Kany If child is not yet named, make supplemental report as directed

1. BOY OR GIRL 4	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) Jan 19 52
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FATHER

MOTHER

10 FULL NAME DAVID L. GALT Chaucer

(14) NAME BEFORE MARRIAGE *Mary Gertrude Sherbell*

PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER A. J. Turner

17 COLOR *White* (11) AGE AT LAST BIRTHDAY *33*
OR RACE

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)

12 BIRTHPLACE

(25) BIRTHPLACE London, Co.

10 OCCUPATION

(19) OCCUPATION _____

22. Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Place name of town or township) Hour A. M. or P. M.

(28) (Signature)

(24) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

 Signatures of Witnesses Necessary Only
 To be signed by _____

1st of Feb 1960

LOCAL AGENCY:

When there was no extradition treaty between the United States and the country of origin, the United States should make the return. If a child breacher was caught in the United States, the United States should make the return. No report is desired or submitted.