

(1) PLACE OF BIRTH

County of Laurens
Township of Harbottle

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3885

Ex. Man of Registration District No. 1302 Registered No. 16
(For use of Local Registrar)

City of (No. St.; Ward)
If born in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child If child is not yet named, make supplemental report as directed

(4) Total of triplets? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1922
(Name of Month) (Day) (Year)

FATHER.
NAME E. G. Gallaway
PRESENT POSTOFFICE OF FATHER Harbottle St
AGE AT LAST BIRTHDAY 28 (Years)
DATE W
BIRTHPLACE SC
OCCUPATION Barber
Number of children born to father, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Kelly Parke
(15) PRESENT POSTOFFICE OF MOTHER Harbottle St
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William L. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Harbottle St

When name added from a supplemental report

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

(27) Filed Me 10 22 (28) W J McHayes 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.

REGISTRAR Local Registrar

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