

County of 10017

Township of Little River

or

Inc. Town of
or

City of
(if birth occurs in a hospital)

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

43292

Township of Little Falls.....
or
Inc. Town of Registration District No. 2507..... Registered No. 133
or
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 Prorton Galvin..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>76</i>	(7) DATE OF BIRTH <i>Dec 16</i> (Name of Month) (Day)
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FATHER.

(8) FULL NAME *James Galvin*

(9) PRESENT POSTOFFICE OF FATHER *Little River St*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *Louis Co St*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *4*.....

MOTHEAR

(14) NAME BEFORE MARRIAGE Rumer James Rand

(15) PRESENT POSTOFFICE OF MOTHER Little River S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Henry Co. S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ryan L. Gorman
(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: 1000 1st St. N. #100

Given name added from a supplemental report

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

(27) Filed *Dec 23* 1947 (38) *12/23/47* 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.