

54314

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

County of Aiken  
Township of .....  
or  
Inc. Town of North Augusta S.C.

Registration District No. 2 C Registered No. ....  
(For use of Local Registrar)  
City of North Augusta S.C. 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. Mary Ann Gallowan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1916  
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Nathaniel George Gallowan  
(9) PRESENT POSTOFFICE OF FATHER North Augusta S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Newberry S.C.  
(13) OCCUPATION Upholsterer  
(20) Number of children born to mother, including present birth One

MOTHER.  
(14) NAME BEFORE MARRIAGE Annie Angelina Pate  
(15) PRESENT POSTOFFICE OF MOTHER North Augusta S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Warren County - Ga.  
(19) OCCUPATION Housekeeping  
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 3:36 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Sears M.D. (24) State whether Physician or midwife (25) Address of Physician or Midwife 1145 Green St. Augusta, S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled ✓ 191..... (28) S. J. Lewis 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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
N. H. McCraw, of Columbia

McCraw