

(1) PLACE OF BIRTH

County of *Columbia*Township of *State*or
Inc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

Maggie Galyard

If child is not yet named, make supplemental report as directed

(3) BOY-OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTHSt., Ward
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*Abraham Galyard*(9) PRESENT
POSTOFFICE
OF FATHER*Green Pond S.C.*(10) COLOR
OR
RACE*Negro*(11) AGE AT LAST
BIRTHDAY*24*
(Years)

(12) BIRTHPLACE

Col. Co. S.C.

(13) OCCUPATION

Public Laborer(14) Number of children born to
mother, including present birth*2*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Florine Coleman*(15) PRESENT
POSTOFFICE
OF MOTHER*Green Pond S.C.*(16) COLOR
OR
RACE*Negro*(17) AGE AT LAST
BIRTHDAY*23*
(Years)

(18) BIRTHPLACE

Col. Co. S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.M.* (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

*Lundy**Ready*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Green Pond S.C.*Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Jan 28 1922

(28)

B. G. Higgins
Local Registrar

McGraw, of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

*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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