

## (1) PLACE OF BIRTH

County of Union.....

Township of .....

or Inc. Town of Jonesville.....

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 Sarah L. Gallman If child is not yet named, make supplemental report as directed(3) Male (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (7) DATE OF BIRTH July 27, 1925  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Arthur H. Gallman</u>		(14) NAME BEFORE MARRIAGE	<u>Lottie Robinson</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Jonesville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Jonesville S.C.</u>	
(10) COLOR OR RACE	<u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE	<u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE	<u>Union Co S.C.</u>		(18) BIRTHPLACE	<u>Union Co S.C.</u>	
(13) OCCUPATION	<u>Chick</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Jonesville on the date above stated. (B. Live or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Gallman (Father)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 1925(28) 25(29) A. H. Gallman 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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