

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Dick

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52810

Registration District No. 290Registered No. 12

(For use of Local Registrar)

Full Name of Child Grace Galaspis

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

BOY OR
GIRL?(4) Twin
or triplet?(5) Number in
order of birth6(6) Age
Parents
Married(7) DATE OF
BIRTH226

(Name of Month) (Day) (Year)

FATHER.

(11) FULL NAME Mr. Robt. Galaspis(12) PRESENT RESIDENCE Owings S.C.(13) COLOR White (14) AGE AT LAST BIRTHDAY 32 (Years)(15) BIRTHPLACE S.C.(16) OCCUPATION Farmer(17) Number of children born to mother, including present birth 6

MOTHER.

(18) NAME BEFORE MARRIAGE Lula May Stallings(19) PRESENT POSTOFFICE OF MOTHER Owings(20) COLOR White (21) AGE AT LAST BIRTHDAY 32 (Years)(22) BIRTHPLACE S.C.(23) OCCUPATION House work(24) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was live at 3:45 4 M. on the date above stated. (Hour A. M. or P. M.)(26) (Signature) H. D. Shanks

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

PhysicianTomball Inn S.C.

Given name added from a supplemental report

191

Registrar

(29) Witness

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

(30) Filed

Feb 29 1916

(31)

H. D. Shanks

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.