

(1) PLACE OF BIRTH

County of Richmond
 Township of Richmond
 or
 Inc. Town of Richmond
 or
 City of Richmond

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

File No. For State Registrar Only
12890

Registration District No. 3304

Registered No. 47
 (For use of Local Registrar)

(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

Elizabeth Harris Galloway

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>David Galloway</u>				(14) NAME BEFORE MARRIAGE <u>Delilah Nellie Harris</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>
(10) COLOR OR RACE <u>White</u>				(16) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Richmond</u>				(18) BIRTHPLACE <u>Richmond</u>
(13) OCCUPATION <u> </u>				(19) OCCUPATION <u> </u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wm. Allen Harris
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

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

(27) Filed Apr 11 1922 (28) W. H. Woodley 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.

(29) Wm. Allen Harris Local Registrar

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