

(1) PLACE OF BIRTH

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

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

File No. For State Registrar Only  
**12090**

Registration District No. 3304 Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child Elizabeth Anne Galloway (No.          St.          Ward)           
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>        </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>        </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>David Galloway</u>	(14) NAME BEFORE MARRIAGE <u>Delilah Nellie Harned</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>        </u>	(15) PRESENT POSTOFFICE OF MOTHER <u>        </u>			
(10) COLOR OR RACE <u>        </u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>        </u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>        </u>		(19) OCCUPATION <u>        </u>		
(20) Number of children born to mother, including present birth <u>        </u>		(21) Number of children of this mother now living, including present birth <u>        </u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

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

Give 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)          19         (30)          Local Registrar  
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