

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

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

(2) Full Name of Child Vienna Groves

File No.—For State Registrar Only

20881

Registration District No. 312Registered No. 262
(For use of Local Registrar)(No. R.F.W. 4)

St.; Ward)

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

(3) BOY OR GIRL? X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH July 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Edward Groves

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE

Col. Allen

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

2

(21) 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 white at 3:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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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