

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of Spartanburg
 Township of Beech Springs
 or
 Inc. Town of.....
 or
 City of.....

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

2488

Registration District No. 40-6 Registered No. 9
 (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 William Please Grooms

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 21st 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George Isaac Grooms

(10) NAME BEFORE MARRIAGE Dolly Barnes

(9) PRESENT POSTOFFICE OF FATHER Inman, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Inman, S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 45
 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44
 (Years)

(13) BIRTHPLACE N. C.

(18) BIRTHPLACE N. C.

(14) OCCUPATION Mill Worker

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. C. Levitt M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Inman, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 22 1922

(28) C. C. Jones
 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.

STATION—RECEIVED FOR FILING
 WITHIN 10 DAYS—WITH UNPAID INCOME TAX—IN A PRELIMINARY REPORT
 FIRST-BIRTH, No. 1, THIS OTHER, No. 2, etc., in question 5
 No. 3—In case of stillbirth, No. 4, THIS OTHER, No. 5, etc., in question 5
 No. 6—In case of stillbirth, No. 7, THIS OTHER, No. 8, etc., in question 5