

Form No. 1

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lynch

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

55847

Registration District No. 2010 Registered No. 16

(For use of Local Registrar)

SL: ..... Ward: .....

(2) Full Name of Child Nancy Lee Groves If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be reported only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12/1/19</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER

(8) FULL NAME Lee M. Groves(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

## MOTHER

(15) NAME BEFORE MARRIAGE Eva Lee(16) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 29  
(Years)(19) BIRTHPLACE Cowards, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Montgomery(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness E. L. Montgomery  
(Signature of Witness necessary only when question 23 is signed by parent)(27) Filed Apr. 6-19 (28) E. L. Montgomery  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 McChesney of Columbia