

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamstonor  
Inc. Town of Andersonor  
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

58427

Registration District No. 32Registered No. 15  
(For use of Local Registrar)(2) Full Name of Child Asbury Gromson

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

(3) BOY OR GIRL? <u>Boy</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>Apr. 28</u> (Name of Month) (Day) (Year) <u>1916</u>
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## FATHER.

(8) FULL NAME Arthur Garrison(9) PRESENT POSTOFFICE OF FATHER Williamston SC.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Anderson Co. SC.(13) OCCUPATION School Teacher(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearle Peterson(15) PRESENT POSTOFFICE OF MOTHER Williamston SC.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE Anderson Co. SC.(19) OCCUPATION Domestic(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 Alive at 7 a M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Mosher(24) State whether Physician or Midwife (25) Address of Physician or Midwife Palmer SC.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/11/16

(28)

M. J. Sullivan  
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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Otto Johnson SubR