

## (1) PLACE OF BIRTH

County of Richland  
 Township of Easton  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. — For State Registrar Only  
**16547**

Registration District No. 38.03 Registered No. 110  
 (For use of Local Registrar)

City of ..... (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 Annie Bell Grooms If child is not yet named, make supplemental report as directed

(7) SEX OR GIRL? ☒ (4) Twin or Triplet? ☒ (5) Number in order of birth ☒ (6) Are Parents Married? ☒ (7) DATE OF BIRTH May 7 1924  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Boobie Grooms  
 (9) PRESENT POSTOFFICE OF FATHER Easton S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Leaf Burg S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE She Branch  
 (15) PRESENT POSTOFFICE OF MOTHER Easton  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 15 (Years)  
 (18) BIRTHPLACE Mc Laughlin mill  
 (19) OCCUPATION farming

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Simons

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Easton Maternity

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/20

(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.