

PLACE OF BIRTH

County of Charleston

Township of \_\_\_\_\_

or \_\_\_\_\_

City of Charleston

or \_\_\_\_\_

City of Charleston

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

FILE No.—For State Registrar Only

74664Registered No. 94/1294

(For use of Local Registrar)

FULL NAME OF CHILD Thomas Russell Rooney

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

Boy or Girl <u>Boy</u>	If Plural Births	4. Twin, triplet or other	6. Premature	7. Are Parents Married? <u>YES</u>	8. Date of birth <u>Nov. 17, 1916</u> , 19
		5. Number, in order of birth	Full term		(Month, day, year)

Full name <u>FATHER</u> <u>John D. Rooney</u>	18. Name before marriage <u>MOTHER</u> <u>Helen Carey</u>
Residence (mailing address) (If non-resident, give place and State) <u>146 Beaufort St. City</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>City</u>

Color or race <u>White</u>	12. Age at last birthday <u>55</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (Years)
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Birthplace (city or place) (State or country) <u>New London, Conn.</u>	32. Birthplace (city or place) (State or country) <u>Charleston, S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Superintendent</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Clyde Line</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19		25. Date (month and year) last engaged in this work _____, 19
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

Number of children of this mother (At time of birth and including this child) 4a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If stillborn, \_\_\_\_\_ (months) \_\_\_\_\_ (weeks) 29. Cause of stillbirth \_\_\_\_\_ (Before labor) \_\_\_\_\_ (During labor) \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated. (Born alive or stillborn)

certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date. (Name of Prophylactic)

Left Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) Denise L. Chapman, M.D.

Given name added from \_\_\_\_\_ or \_\_\_\_\_ Midwife.

a supplementary report. \_\_\_\_\_ Address 187 Beaufort St.

(Date of)

Filed 11/22/16, 19

Registrar.

Cov. 10/24/16

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....

City of Charleston

(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  
**84664**

Registration District No. 4/A Registered No. 1794

(No. Dakar Sanatorium) (For use of Local Registrar)

(2) Full Name of Child Baby Rooney } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 17 1926  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John D. Rooney

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE New York N.Y.

(13) OCCUPATION Superintendent Clyde Min.

(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Hellie Carey

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living, including present birth 4

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maude A. Hoffman

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 187 Oakwood St.

Given name added from a supplemental report

..... 191.....  
.....  
Registrar

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

(27) Filed 11/22 19126 (28) Maude A. Hoffman 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.

Filed 11/25 1926 Registrar

Corrected: FILE 17 1926

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
McCaw, of Columbia.