

PLACE OF BIRTH

County of Charleston

Township of _____

or _____

City of Charleston

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

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

14664Registered No. 94/1294

(For use of Local Registrar)

(No. Baker Sanatorium St.; _____ Ward)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) <u>146 Beaufort St.</u> (If non-resident, give place and State) <u>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>35</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (Years)
Birthplace (city or place) (State or country) <u>New London, Conn.</u>		22. Birthplace (city or place) (State or country) <u>Charleston, S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Superintendent</u>		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	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	19		19

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 _____
period of gestation _____ (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 _____

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

or _____ Midwife.

Address 187 Beaufort St.

Filed 11/22/16, 19

Cor. 10/24/16

Given name added from
a supplementary report.

(Date of)

Registrar.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

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

(2) Full Name of Child Baby RooneyFile No. For State Registrar Only
84664

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 418 Registered No. 1794

(For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 17 1916
(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 Helie Carey(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE City(19) OCCUPATION House 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 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maude A. McPherson(24) State whether Physician or 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 1916 (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.

Filed 11/25 1916 Registrar

Registrar

Registrar

Corrected: MAILED 17 1916

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.

McCauley of Columbia.