

(1) PLACE OF BIRTH

County of Wm.burgTownship of Marydonor
Inc. Town ofCity 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

32659

Registration District No. 4306 Registered No. 53
(For use of Local Registrar)

Sl: Ward)

2) Full Name of Child Margaret Ann Groome(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth Three (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John S. Groome(9) PRESENT POSTOFFICE OF FATHER Hingetown S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Clarendon co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mabell Coker(15) PRESENT POSTOFFICE OF MOTHER Hingetown S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Wm.burg Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Wheeler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Coker St

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness R. C. McElown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct-10 1912 (28) J. T. F. Green Local Reg

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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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