

(1) PLACE OF BIRTH

County of Chas

Township of

or Inc. Town of

or City of Chas

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

(2) Full Name of Child Carl Groomes { 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 59 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1914 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles L Groomes</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Adams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Berkley S.C.</u>	(18) BIRTHPLACE <u>Minersville Penna</u>	(13) OCCUPATION <u>Boiler maker</u>	(19) OCCUPATION <u>House Keeper</u>
(20) Number of children born to mother, including present birth <u>five</u>	(21) Number of children of this mother now living, including present birth <u>five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Wm W Krager(24) State whether Physician or Midwife (25) Address of Physician or Midwife 89 Nassau St

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
191	(27) Filled <u>17/14</u> (28) <u>Wm W Krager</u> Local Registrar
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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