

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.

(1) PLACE OF BIRTH  
County of Bennettville  
Township of Red Hill  
or  
Inc. Town of.....  
or  
City 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  
**23237**

Registration District No. 3367 Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child Robt. Lee Grooms If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 22 1911</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Grooms</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Stagner</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Bennettville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettville S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettville S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(10) COLOR OR RACE <u>White</u>	(12) BIRTHPLACE <u>Marcho Co.</u>	(18) BIRTHPLACE <u>Marcho Co.</u>	(19) OCCUPATION <u>Domestic</u>
(13) OCCUPATION <u>Justice of Peace</u>	(20) Number of children born to mother, including present birth <u>21</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas Jennings  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Physician 115 S. Liberty St.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

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

(27) Filed July 10 1911 (28) Will Campbell 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.

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