

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

## (2) Full Name of Child

(3) ~~Boy~~ OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Sept 10* 19*16*

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Thomas P. Grosnell*(9) PRESENT POSTOFFICE OF FATHER *Bradley S.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *49* (Years)(12) BIRTHPLACE *Abbeville Co S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Bell Grosnell*(15) PRESENT POSTOFFICE OF MOTHER *Bradley S.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *Abbeville Co S.C.*(19) OCCUPATION *Farmer Wife*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *Abbeville* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *C. E. Devlin*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Verdery S.C.*

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 *Sept 17* 191*6* (28) *C. E. Devlin* 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.

MARGIN RESERVED FOR BINDING.

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.

File No.—For State Registrar Only—

77370

Registered No. *2300* *32* (For use of Local Registrar)