

## (1) PLACE OF BIRTH

County of Willawood  
 Township of Bradley S.C.  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only—

77370

Registration District No. 2300 Registered No. 32  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Faahl Groszwell If child is not yet named, make supplemental report as directed

(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 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas P. Groszwell

(9) PRESENT POSTOFFICE OF FATHER Bradley S.C.

(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 Groszwell

(15) PRESENT POSTOFFICE OF MOTHER Bradley S.C.

(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. Devlin

(24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife Verderg S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Sept 17 1916 (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.