

(1) PLACE OF BIRTH

County of Abbeville  
Township of Abbeville  
or  
Inc. Town of .....

City of Abbeville (No. 34 Maple St.; 3rd Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Oliver Groswell If child is not yet named, make supplemental report as directed

(a) SEX OR Boy (b) Male or Female (c) 1 Number in order of birth (d) Yes Are parents married? (e) DATE OF BIRTH Nov. 16, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(f) Full Name Oliver Groswell  
(g) Present Residence of Father Abbeville, S. C.  
(h) Color White (i) Age at last birthday 27  
(j) Birthplace Abbeville Co.  
(k) Occupation Mill Work

MOTHER.  
(l) Name before marriage Marie Dyer  
(m) Present Residence of Mother Abbeville, S. C.  
(n) Color White (o) Age at last birthday 21  
(p) Birthplace Hall Co., Ga.  
(q) Occupation Housewife

(r) Number of children born to mother, including present birth 3 (s) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(t) I hereby certify that I attended the birth of this child, who was... Alive... at 2 P. M.  
(Born alive or stillborn) (Hour "A. M. or P. M.")  
on the date above stated.

(u) (Signature) O. O. Cambrell, M. D.  
(v) State whether Physician or Midwife (w) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

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

(y) Filed Nov. 22, 1923 (z) Miss Julia McCallister 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.

before the fifth month of pregnancy.