

U. S. Dept. of Commerce  
Bureau of the Census

16 093537

FILE No.—For State Registrar Only

00111

1. PLACE OF BIRTH

Standard Certificate of Birth

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

County of Dorchester

Township of..... ".....

or  
Inc. Town of.....

or  
City of.....

Registration District No. 1702 Registered No. 1  
(For use of Local Registrar)

(No. Sweetville Community Ward)

2. FULL NAME OF CHILD Ernest Edward Groom  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births..... 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term yes 7. Are Parents Married? yes 8. Date of birth May 8, 1916  
(Month, day, year)

9. Full name Laura B Groom FATHER

18. Name before marriage Georgia Sweetman MOTHER

10. Residence (mailing address) Rt 20, Summerville SC  
(If non-resident, give place and State)

19. Residence (mailing address) Rt 20 Summerville SC  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (years)

20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Sweetville  
(State or country) Dorchester Co SC

22. Birthplace (city or place) Sweetville  
(State or country) Dorchester Co SC

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work May 8th, 1916

25. Date (month and year) last engaged in this work May 8th, 1916

17. Total time (years) spent in this work..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living..... 3 (b) Born alive but now dead..... 1 (c) Stillborn..... 0

28. If stillborn, period of gestation..... months weeks..... 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A M. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 7:30 M. on above date Dr. Silver  
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edna D. Sapperson, M. D.

or..... Midwife

Given name added from a supplementary report..... (Date of)

Address Summerville SC

Filed 1-25, 1922 Kay B. Miller  
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate.)

77-2-1

15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100