

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.)

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

1. PLACE OF BIRTH

County of Dorchester
Township of "
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)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 1702

16 093537

FILE No. For State Registrar Only

00111

Registered No. 1
(For use of Local Registrar)

2. FULL NAME OF CHILD

(No. Sweetville Community) Ward "
Ernest Edward Groom
(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 yes Full term yes 7. Are Parents Married? yes 8. Date of birth May 8, 1916
(Month, day, year)

9. Full name Louise B Groom FATHER 18. Name before marriage Georgia Sweetman MOTHER

10. Residence (mailing address) Rt 20 Summerville SC 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) Summerville SC 22. Birthplace (city or place) Summerville SC
(State or country)

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 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work May 8th, 1916 26. Total time (years) spent in this work 0

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 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 P 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.

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

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

or " Midwife

Address Summerville SC

Filed 1-25, 1916 Joseph B. Miller
Local Registrar

State Registrar