

## (1) PLACE OF BIRTH

County of AndersonTownship of Corneror  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71258

Registration District No. 304Registered No. 114

(For use of Local Registrar)

(2) Full Name of Child. Vernell Groves { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 16, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>Lawrence Groves</u>	FATHER.
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(9) PRESENT POSTOFFICE OF FATHER <u>wa</u>	
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(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Anderson Co</u>	
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(13) OCCUPATION <u>Farming</u>	
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(20) Number of children born to mother, including present birth <u>4</u>	
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(14) NAME BEFORE MARRIAGE <u>Ruby Banks</u>	MOTHER.
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(15) PRESENT POSTOFFICE OF MOTHER <u>wa</u>	
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(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
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(18) BIRTHPLACE <u>Anderson Co</u>	
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(19) OCCUPATION <u>Housewife</u>	
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(21) Number of children of this mother now living, including present birth <u>4</u>	
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 10 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Banks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

, 101...

Registrar

(26) Witness Mrs. S. M. McAdams

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

(27) Filed Aug 25, 1916 (28) S. M. McAdams 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 MINOR CHANGES  
 WRITE ONLY WITH INK IN THE—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 McCaw of Columbia