

(1) PLACE OF BIRTH

County of Oconee
 Township of Lawrence
 or
 Inc. Town of

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

No. 22060
 (For use of Local Registrar)

Registration District No. 360 Registered No. 32
 (For use of Local Registrar)

City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margie Bruce If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD <u>girl</u>	(2) Type or Triplet	(3) Number in order of birth	(4) Age at birth	(5) DATE OF BIRTH <u>July 23 1923</u>
(6) FATHER'S FULL NAME <u>Primm Bruce</u>			(7) MOTHER'S FULL NAME <u>Olle Bowman</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Bowman St.</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>Bowman St.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>37</u>	(14) BIRTHPLACE <u>S.C.</u>
(15) BIRTHPLACE <u>S.C.</u>	(16) OCCUPATION <u>Farmer</u>	(17) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Domestic</u>	(19) Number of children of this mother now living, including present birth <u>8</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) John Sumner

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife Bowman St.

(Given name added from a supplemental report)

(24) Witness

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

(25) Filed July 23 1923

19 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.