

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

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

File No.—For State Registrar 18887

(1) PLACE OF BIRTH
County of Richland
Township of
Inc. Town of
City of Columbia S.C. (No. 621) Gates (St.) (Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38a Registered No. 452
(For use of Local Registrar)

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

| | | | | |
|---------------------|------------------------------------------------------------------------------|---------------------------------|----------------------------|----------------------------------------------------------------------------------|
| (3) SEX OR SEXES | (4) Type or Triplet To be covered only in case of Triplets or Triplets | (5) Number in order of birth | (6) Are Twin Married | (7) DATE OF BIRTH <u>June 19</u> <u>1923</u> (Month of Month) (Day) (Year) |
|---------------------|------------------------------------------------------------------------------|---------------------------------|----------------------------|----------------------------------------------------------------------------------|

| | | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <u>Wesley Bruce</u> | (14) NAME BEFORE MARRIAGE <u>Sallie White</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u> |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> (Year) | (16) COLOR OR RACE <u>Black</u> | (17) AGE AT LAST BIRTHDAY <u>25</u> (Year) |
| (12) BIRTHPLACE <u>Richland County</u> | (18) OCCUPATION <u>Oil mill work</u> | (19) BIRTHPLACE <u>Richland County</u> | (20) OCCUPATION <u>None</u> |
| (21) Number of children born to mother, including present birth <u>2</u> | (22) Number of children of this mother now living, including present birth <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born June 19 at 10 P.M.
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(24) (Signature) Mrs. A. Moore
(25) State whether Physician or Midwife Midwife
(26) Address of Physician or Midwife Mrs. A. Moore

Given name added from a supplemen-
tal report

(27) Witness Mrs. A. Moore
(Signature of Witness necessary only
when question 23 is signed by mark)

(28) Filed June 20, 1923 (29) A. J. Sloan
acting 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.