

41254

1895

Registration District No. 9A Registered No. 1000  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL	(4) Twin or Triplet <i>Yes</i>	(5) Number in Order of Birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 29, 1925</i> (Name of Month) (Day) (Year)
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## FATHERS

## MOTHER

(3) FULL NAME Robert L. L.

(14) NAME BEFORE MARRIAGE *Elizabeth*

9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY: *27* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24*

12) BIRTHPLACE Houston Tex

(18) BIRTHPLACE Bamberg, S.G.

Carpenter

(18) OCCUPATION *Police Officer*

27) Number of children born to mother, including present birth 3 Children

(21) Number of children of this mother now living, including present birth 3 living

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(32) I hereby certify that I attended the birth of this child, who was born alive at 1:30 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) *Joseph B. Gaven*

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

Given name added from supplemental report

.....  
 (Signature of Witness necessary only)  
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Local Registrar.

When there was no attending physician or nurse, the father, mother, grandparent, etc., should make this return. If a child breathes even once, it is a live birth. No return is desired or at all births.

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