

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

File No.—For State Registrar Only
28864

(1) PLACE OF BIRTH

County of Anderson

Township of Harvin

OR

Inc. Town of

OR

City of

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

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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 1 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mathison Bruce

(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C.B.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Belle Billy

(15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. R#1

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. E. Reed

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty S.C. R#2

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

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NEARLY ALL BIRTHS ARE REGISTERED. THIS IS A PUBLIC HEALTH MEASURE. IF YOU ARE A PARENT, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A PHYSICIAN, YOU SHOULD REGISTER YOUR PATIENT'S BIRTH. IF YOU ARE A MIDWIFE, YOU SHOULD REGISTER YOUR PATIENT'S BIRTH. IF YOU ARE A HOUSEHOLD HEAD, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A FATHER, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A MOTHER, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A PHYSICIAN, YOU SHOULD REGISTER YOUR PATIENT'S BIRTH. IF YOU ARE A MIDWIFE, YOU SHOULD REGISTER YOUR PATIENT'S BIRTH. IF YOU ARE A HOUSEHOLD HEAD, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A FATHER, YOU SHOULD REGISTER YOUR CHILD'S BIRTH. IF YOU ARE A MOTHER, YOU SHOULD REGISTER YOUR CHILD'S BIRTH.