

(1) PLACE OF BIRTH

County of DurhamTownship of Durhamor
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

37153

Registration District No. 80.5 Registered No. 104
(For use of Local Registrar)

(No. St. Ward)

Full Name of Child

If child is not yet named, make supplemental report as directed

(4) Twin or triplet? <u>no</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 1 1922</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Sam P Bruce

PRESENT POSTOFFICE OF FATHER Wilmington S.C.

AGE AT LAST BIRTHDAY 30 (Years)

RACE white

BIRTHPLACE S.C.

OCCUPATION Farmer

Number of children born to father, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Beckwith

(15) PRESENT POSTOFFICE OF MOTHER Wilmington S.C.

(16) COLOR OR RACE white AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was well at 3:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) W. B. Moseley

(26) State whether Physician or Midwife (26) Address of Physician or Midwife Durham S.C.

Name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) APR 7 1922 (28) J. J. Hall Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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