

Slow

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of *Columbia*
Township of
or
Inc. Town of *Walhalla*
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *35* Registered No. *27*
(For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only
74064

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 19, 1916</i> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Walter Leon Bruce</i>			(14) NAME BEFORE MARRIAGE <i>Lula Fannie Hembree</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Walhalla</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Walhalla</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)		(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> (Years)
(12) BIRTHPLACE <i>Greer, S.C.</i>			(18) BIRTHPLACE <i>Franklin County, Ga.</i>	
(13) OCCUPATION <i>Merchandise</i>			(19) OCCUPATION <i>Keeping House</i>	
(20) Number of children born to mother, including present birth <i>Four (4)</i>			(21) Number of children of this mother now living, including present birth <i>Three (3)</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *B. F. Seaman M.D.*
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Walhalla S.C.

Given name added from a supplemental report

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

(27) Filed *Aug 28, 1916* (28) *R. C. McLees* 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.