

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
DEPT. OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**36362**

Registration District No. 40-a Registered No. 463  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
City of Union (No. 117 Cummer St.; 4 Ward)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married yes (7) DATE OF BIRTH 10/14/32  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Reginald Simpson Bruce  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S. C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE Spartanburg, S. C.  
(13) OCCUPATION Common Labor  
(20) Number of children born to mother, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Ruth Geneva Floyd  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)  
(18) BIRTHPLACE Spartanburg, S. C.  
(19) OCCUPATION Common Labor  
(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 Gladis Elowees at 5:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. M. Deaton  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, S. C.

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

19 Registrar (27) Filed 11-1-32 (28) Jas. Oakes 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.