

(1) PLACE OF BIRTH

County of

Township of

or
Inc. 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

Registration District No.

File No.—For State Registrar Only

20120

Registered No. 107
(For use of Local Registrar)(2) Full Name of Child Mary Bruce

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

To be answered only in event of Twins or Triplets

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hewie Bruce

(9) PRESENT POSTOFFICE OF FATHER

Willford R 1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ony Green

(15) PRESENT POSTOFFICE OF MOTHER

Willford S E R 1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House work

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. R. Thompson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Burman SC

Given name added from a supplemental report

See Affidavit11/6/41K. R. R.

(26) Witness

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

(27) Filed

July 1, 1922

(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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.