

WHILE 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 6.

(1) PLACE OF BIRTH

County of Beaufort
Township of Bluffton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29003

Registration District No. 601 Registered No. 16
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joshua Bruin If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 10, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Sam Bruin
9) PRESENT POSTOFFICE OF FATHER Pritchardville S.C.
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 53 (Years)
12) BIRTHPLACE Beaufort County
13) OCCUPATION Farming
20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Rachel Bruin
15) PRESENT POSTOFFICE OF MOTHER Pritchardville S.C.
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 30 (Years)
18) BIRTHPLACE Beaufort County
19) OCCUPATION Housewife
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 born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Jenkins
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pritchardville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 20, 1922 (28) W. F. Wright 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.