

(1) PLACE OF BIRTH

County of

Township of

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

18351

Registration District No. 1576

Registered No. 577
(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 William Bruce (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Bruce

(9) PRESENT POSTOFFICE OF FATHER

Lamar S.C. #4

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Thel. Segers

(15) PRESENT POSTOFFICE OF MOTHER

Lamar S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Keeping

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Catharine Lucas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

R.M. Jones

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

(27) Filed

June 22, 1922

(28)

R.M. Jones 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.

McGraw-Hill, Inc., New York, N. Y. FIRST-HORN, No. 1 THE OTHER, No. 2, etc., in question 6.