

(1) PLACE OF BIRTH

County of OrangeburgTownship of Bowman

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31581

Registration District No. 3600Registered No. 57

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Eugene Bruce

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 6 1932
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Bruce(9) PRESENT POSTOFFICE OF FATHER Bowman SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Bowman SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Dupes(15) PRESENT POSTOFFICE OF MOTHER Bowman SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Midwife Bowman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Local Registrar

Given name added from a supplemental report

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

(27) Filed Sept 22 1932 P. M. Gougeon 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.