

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only  
**28870**

## (1) PLACE OF BIRTH

County of Darke

Township of .....

or

Inc. Town of Darke

or

City of .....

Registration District No. 4 Registered No. 42  
 (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 Junior Bruce Jr. { 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 Sept 12 1922  
 (Name) (Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

## **FATHER.**

(8) FULL NAME Junior Bruce

(9) PRESENT POSTOFFICE OF FATHER Darke

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26  
 (Year)

(12) BIRTHPLACE Darke

(13) OCCUPATION Saw Mill

(20) Number of children born to mother, including present birth 3

## **MOTHER.**

(14) NAME BEFORE MARRIAGE Edner Myers

(15) PRESENT POSTOFFICE OF MOTHER Darke

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28  
 (Year)

(18) BIRTHPLACE Darke

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 3

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darke

Given name added from a supplemental report

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

(37) Filed 9/26 1922 (28) John Coover 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.

MARGIN RESERVED FOR INDEXING. IN CASE OF TWINS OR TRIPLETS, AND MARK THE WHITE PLAINLY, WITH UNFADING INK, THE SEX OF EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS, AND MARK THE SEX OF EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.