

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH EXPANDING INK.—THIS IS A PERMANENT RECORD.
 X. 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 1.

(1) PLACE OF BIRTH

County of Spokane
 Township of Beckley
 Inc. Town of Welford
 or Welford
 (City of Welford)
 (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

No. 42780

Registration District No. 4000 Registered No. 153
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child

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

(3) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>June 14, 23</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>James Melton Bruce</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Mildred Howell</u>			
(9) PRESENT RESIDENCE OF FATHER <u>Welford W.D. 20</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Welford W.D. 20</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>Domestic</u>	
(21) Number of children born to mother, including present birth <u>10</u>	(22) Number of children of this mother now living, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) W. A. Bracken
 (25) State whether Physician or Midwife Physician
 (26) Address of Physician or Midwife Beckley

Given name added from a supplemental report

(27) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filed Jan 16 1924 (29) J. C. Moore
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 desired of stillborns before the fifth month of pregnancy.