

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 1. 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		CERTIFICATE OF BIRTH		No. — For State Register	
County of <u>Spokane</u>		STATE OF SOUTH CAROLINA		42780	
Township of <u>Beckley</u>		Bureau of Vital Statistics			
City of <u>Welford</u>		State Board of Health			
Registration District No. <u>4.0.00</u>		Registered No. <u>13.3</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.;		Ward	
(2) Full Name of Child					
If child is not yet named, make supplemental report as directed					
(3) SEX MALE	(4) Twin or Triplet	(5) Number in order of birth	(6) Age at Birth	(7) DATE OF BIRTH	
	To be answered only in case of Twin or Triplet			June 14, 23	
FATHER			MOTHER		
(8) FULL NAME <u>James Melton Bruce</u>			(10) NAME BEFORE MARRIAGE <u>Mattie Mildred Howell</u>		
(9) PRESENT POST OFFICE OF FATHER <u>Welford R.D. 2</u>			(11) PRESENT POST OFFICE OF MOTHER <u>Welford R.D. 2</u>		
(12) COLOR OR RACE <u>White</u>			(13) COLOR OR RACE <u>White</u>		
(14) AGE AT LAST BIRTHDAY <u>23</u>			(15) AGE AT LAST BIRTHDAY <u>23</u>		
(16) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>10 -</u>			(21) Number of children of this mother now living, including present birth <u>10 -</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Living</u> at <u>11</u> M. on the date above stated. (Born alive or Stillborn) (Hour, M. or P.M.)					
(23) (Signature) <u>W. A. Bracken</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Beckley</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 16</u> 19 <u>24</u> (28) <u>C. M. M. R.</u> 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.					