CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9626

(1) PLACE OF BIRTH
County of Abbeville
Township of Grandesville
or
Inc. Town of .....
or
City of .....

Registration District No. ..... Registered No. 15
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Sarah Ann Burdies (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Mar 1st 1922

FATHER.

(8) FULL NAME William Bruce
(9) PRESENT POSTOFFICE OF FATHER Iva S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Bruce
(15) PRESENT POSTOFFICE OF MOTHER Iva S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Minnie Beach
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....
..... 19....
Registrar

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

(27) Filed April 10 1922 (28) J. M. Hakaboy
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.

N. 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 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Below are columns, Columbia, S.C.