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FILE No.—For State Registrar Only  
00229

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 a Registered No. \_\_\_\_\_  
(For use of Local Registrar)

## 1. PLACE OF BIRTH

County of AndersonTownship of Cityor  
Inc. Town of Andersonor  
City of S.C.(No. 1103 South Main St.; Three Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## 2. FULL NAME OF CHILD

Robert James Bruce

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

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth May 28, 1916  
(Month, day, year)9. Full name Dr. J. S. Bruce FATHER18. Name before marriage Virginia Larane Starnight MOTHER10. Residence (mailing address) Anderson S.C.  
(If non-resident, give place and State)19. Residence (mailing address) Anderson S.C.  
(If non-resident, give place and State)11. Color or race W 12. Age at child's birth 35 (years)20. Color or race W 21. Age at child's birth 30 (years)13. Birthplace (city or place) Oconee Co. S.C.  
(State or country)22. Birthplace (city or place) Oconee Co. S.C.  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Keeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year last) engaged in this work May, 1913

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent in this work 5027. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 4 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 10 A. m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Signed \_\_\_\_\_, Parent  
\_\_\_\_\_, GuardianGiven name added from \_\_\_\_\_  
a supplementary report. \_\_\_\_\_ (Date of)

Address \_\_\_\_\_

Filed 3/3/42, 19\_\_\_\_

Registrar.

Registrar. M.B. Woodward

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)