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FILE No.—For State Registrar Only  
00229

## 1. PLACE OF BIRTH

County of Anderson  
Township of City  
or  
Inc. Town of Anderson  
or  
City of S.C.  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 aRegistered No. \_\_\_\_\_  
(For use of Local Registrar)(No. 1103 South Main St.; Three Ward)

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

2. FULL NAME OF CHILD Robert James Bruce3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth May 28, 1916  
(Month, day, year)9. Full name Dr. J. S. Bruce FATHER  
10. Residence (mailing address) (If non-resident, give place and State) Anderson S.C.18. Name before marriage Virginia Larane Starnight MOTHER  
19. Residence (mailing address) (If non-resident, give place and State) Anderson S.C.11. Color or race W 12. Age at child's birth 35 (years)  
13. Birthplace (city or place) (State or country) Oconee Co. S.C.20. Color or race W 21. Age at child's birth 30 (years)  
22. Birthplace (city or place) (State or country) Oconee Co. S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year last) engaged in this work May, 191323. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Keeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
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 3 (b) Born alive but now dead 4 (c) Stillborn \_\_\_\_\_

28. If stillborn, 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 Mrs. J. S. Bruce, Parent  
1103 South Main St, GuardianGiven name added from \_\_\_\_\_  
a supplementary report. \_\_\_\_\_ (Date of)Filed 3/3/42, 19\_\_\_\_ M. B. Woodard  
Registrar. M. B.

Registrar.

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)

2/27/42