

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of

or
Inc. Town ofCity of Parris Island(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Joseph Leonard Pintavalle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Joseph Micheal Pintavalle.(14) NAME BEFORE MARRIAGE Belle Rebecca Bruce.(9) PRESENT POSTOFFICE OF FATHER Parris Island, S.C.(15) PRESENT POSTOFFICE OF MOTHER Parris Island, S.C.(10) COLOR OR RACE White-U.S. (11) AGE AT LAST BIRTHDAY 31 (Years)(16) COLOR OR RACE White-U.S. (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Isle of Sicily.(18) BIRTHPLACE Bowling Green, Va.(13) OCCUPATION U.S. Marine.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth two(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour AM or P.M.)(23) (Signature) J. B. [Signature] (24) State whether Physician or Midwife Physician, M.B. (25) Address of Physician or Midwife (MC) U.S. Navy, Parris Island, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 22 1922 (28) H. A. G. Kewler 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.