

(1) PLACE OF BIRTH
County of Kennebec
Township of

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

File No.—For State Registrar Only
25912

Inc. Town of or
City of Kennebec (No. S. R. R. Ave)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Yonigo Conventin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Conventin
(9) PRESENT POSTOFFICE OF FATHER Kennebec S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Italy
(13) OCCUPATION Shipmaker
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Dathuono
(15) PRESENT POSTOFFICE OF MOTHER Kennebec S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Italy
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. R...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys J. K. R...

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 23 1922 (28) C. C. Craft 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.
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