

## (1) PLACE OF BIRTH

County of C. Charleston

Township of .....

Inc. Town of .....

City of C. Charleston

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Latonia SantoriniFile No.—For State Registrar Only  
17844

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A Registered No. 814

(For use of Local Registrar)

BIRTH June 29 1922

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

3. SEX  
M

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 29 1922  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Mr. W. J. Santorini

9. PRESENT POSTOFFICE

C. Charleston

10. COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 38  
(Years)

12. BIRTHPLACE

Charleston

13. OCCUPATION

Foreman Machinery

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ms. Leo Duffly

(15) PRESENT POSTOFFICE OF MOTHER

C. Charleston S.C.

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE

C. Charleston S.C.

(19) OCCUPATION

Domestic

14. Number of children born to mother including present birth

7

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. J. Santorini

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

7/4

191.....

(28) J. Martin Green

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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