

County of Darlington
City of High Hill

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

File No.—For State Registrar Only
13667

Registration District No. 1515 Registered No. 28
(For use of Local Registrar)
of (No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Edward Giunerman If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Sex or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22, 23
(Name of Month) (Day) (Year)

FATHER
FULL NAME Nat Giunerman
PRESENT POSTOFFICE OF FATHER Darlington
COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Darlington Co.
OCCUPATION farmer
Number of children born to father, including present birth 12

MOTHER
(14) NAME BEFORE MARRIAGE Bessie Baker
(15) PRESENT POSTOFFICE OF MOTHER Darlington
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE Darlington Co.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) J. R. Alexander
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report
(26) Witness J. R. Alexander
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Date May 11, 1923 (28) J. S. Hinkle
Registrar Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return, if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Do not return from above to report any stillbirths before the fifth month of pregnancy.