

## (1) PLACE OF BIRTH

County of YorkTownship of Brook River

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 440

No. 10.—For State Registrar Only

8881

Registered No. .... 12

(For use of Local Registrar)

## (2) Full Name of Child

Antoine Venera Testa

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth <u>Full</u>	(5) Number in order of birth <u>1</u>	(6) Age of Child at Birth <u>23</u>	(7) DATE OF BIRTH <u>Feb 13 1923</u>
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FATHER		MOTHER	
(8) FULL NAME <u>James Testa</u>	(9) NAME BEFORE MARRIAGE <u>James Testa</u>	(10) FULL NAME <u>Ann Elmer</u>	(11) NAME BEFORE MARRIAGE <u>Ann Elmer</u>
(12) PRESENT POSTOFFICE OF FATHER <u>Pickens Co</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Pickens Co</u>	(14) COLOR OR RACE <u>White</u>	(15) COLOR OR RACE <u>White</u>
(16) AGE AT LAST BIRTHDAY <u>52</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	(18) BIRTHPLACE <u>York</u>	(19) BIRTHPLACE <u>NC</u>
(20) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>Domestic</u>	(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Month, A. M. or P. M.)

(25) (Signature) B. H. Miller  
(26) State whether Physician or Midwife Phys  
(27) Address of Physician or Midwife York

(Given name added from a supplemental report)

(28) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed 3/30/23 (30) 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.