

(1) PLACE OF BIRTH

County of NewberryTownship of no. 1or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. -- For State Registrar Only

29457

Registration District No. 3408 Registered No. 82
(For use of Local Registrar)(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

Rumelino Molinari

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

(3) BOY OR GIRL Girl (4) Twin or Triplet
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept 12, 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

Alis Murray

(9) PRESENT POSTOFFICE OF FATHER

Wilmington, N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Italy

(13) OCCUPATION

Millwright

(14) Number of children born to mother, including present birth

1

(15) NAME BEFORE MARRIAGE

Virginia Mary

(16) PRESENT POSTOFFICE OF MOTHER

Wilmington, N.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

22
(Years)

(19) BIRTHPLACE

Italy

(20) OCCUPATION

Unemployed

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.Sept 12, 1923 M.
(Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Wilmington, N.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Oct 1st

1923

(28)

S. Cunningham
Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make the 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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