

(1) PLACE OF BIRTH

County of DarlingtonTownship of DarlingtonInc. Town of DarlingtonCity of Darlington

(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

File No. — For State Registrar Only

39737

Registration District No. 1-2-A Registered No. 5-2

(For use of Local Registrar)

(2) Full Name of Child Charles Belkissary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or triplet? <u>No</u> To be answered only in case of twins or triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)
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(8) FULL NAME <u>Charlie Belkissary</u>	(14) NAME BEFORE MARRIAGE <u>Andri Kickey Paulos</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Darlington SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington SC</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
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(12) BIRTHPLACE <u>Greece (Hawaii)</u>	(18) BIRTHPLACE <u>Greece</u>
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(13) OCCUPATION <u>Cafe Proprietor</u>	(19) OCCUPATION <u>at home</u>
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(20) Number of children born to mother, including present birth <u>seven</u>	(21) Number of children of this mother now living, including present birth <u>six</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>5576</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Darlington SC</u>
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Given name added from a supplemental report

Date 10/26/4

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed Jan 24 1944 (28) E. O. Carley 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.

Before the fifth month of pregnancy.

FIRST-BOOK No. 1. THE OTHER, No. 2. etc. In Question 2.

S.W. of Columbia