

Form No. 1

(1) PLACE OF BIRTH

County of Berkley...Township of St. Stephensor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41092

Registration District No. 705 Registered No. 135
(For use of Local Registrar)

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

(2) Full Name of Child Domingo Molina If child is not yet named, make supplemental report as directed(3) BOY OR GIRL G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Berito Molina(9) PRESENT POSTOFFICE OF FATHER Washington D.C.(10) COLOR OR RACE Filipino (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Philippine Island(13) OCCUPATION Cook in U.S. Navy(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Monica Bone(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 19 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Reynolds M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 13 1922 (28) M. A. Reynolds 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.

THIS FORM IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR AND NOT DESTROYED FOR BINDING. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.