

1. PLACE OF BIRTH

County of Aiken

Township of _____

Inc. Town of _____

City of AikenBy Adoption
Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-a Registered No. _____

FILE No.—For State Registrar Only

45-a

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

2. FULL NAME OF CHILD James Michael Valanti

(If child is not yet named, make supplementary report as directed)

3. Boy or Girl

Boy

4. (Plural birth)

4. Twins, triplets or other _____

5. Premature _____

7. Are Parents

Married

Yes

8. Date of January 22 1923

(Month, day, year)

9. Full name

FATHER

James A. Valanti

16. Name before marriage

MOTHER

Milda G. Beglinger10. Residence (mailing address) 531 W. 160th Street
(If non-resident, give place and State) New York City19. Residence (mailing address) 531 W. 160th Street
(If non-resident, give place and State) New York City11. Color or race White 12. Age at child's birth 35 (years)20. Color or race White 21. Age at child's birth 31 (years)13. Birthplace (city or place) Buffalo, N.Y.
(State or country)22. Birthplace (city or place) St. Louis, Mo.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Pressman23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework15. Industry or business in which work done, as silk mill, sawmill, boat, etc. Newspaper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home16. Date (month and year last) engaged in this work Present25. Date (month and year) last engaged in this work Present17. Total time (years) spent in this work 1826. Total time (years) spent in this work 927. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living One (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____

30. Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
(Name of Prophylactic)Soft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____
(Date of) _____(Signed) James A. Valanti Father.or Milda G. Valanti Mother.Address 531 W. 160 St. N.Y.C.Filed 1-20 1923 M. B. Beglinger Registrar