

(1) PLACE OF BIRTH

County of C. Charleston

Township of

or

Inc. Town of

or

City of C. Charleston

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

(2) Full Name of Child William A. Scivetti

File No.—For State Registrar Only

17866

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No. 843

(For use of Local Registrar)

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

3. BOY OR GIRL Boy4. Twin or Triplet? X5. Number in order of birth X6. Are Parents Married? Yes

7. DATE OF

BIRTH June 1, 1922 19 22
(Month) (Day) (Year)

FATHER.

8. FULL NAME William A. Scivetti9. PRESENT POSTOFFICE OF FATHER 70 Commerce St., C. Charleston, S.C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 32 (Years)12. BIRTHPLACE New York, N.Y.13. OCCUPATION Wholesale Merchant20. Number of children born to mother, including present birth One

MOTHER.

14. NAME BEFORE MARRIAGE Ethel Daniels15. PRESENT POSTOFFICE OF MOTHER 70 Commerce St., C. Charleston, S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 37 (Years)18. BIRTHPLACE Maining, S.C.19. OCCUPATION Wife21. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) James H. DeLoe

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/20/22

(28)

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.

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