

## (1) PLACE OF BIRTH

County of Brunswick  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

7585

Registration District No. 2-2-2 Registered No. 149  
 (For use of Local Registrar)

(2) Full Name of Child Eugenia Regina

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11 19 22  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Regina  
 (9) PRESENT POSTOFFICE OF FATHER Brunswick #2  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Brunswick  
 (13) OCCUPATION Jeweler  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Aronowitz  
 (15) PRESENT POSTOFFICE OF MOTHER Brunswick #2  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE New York  
 (19) OCCUPATION Housewife  
 (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 ..... at .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Brunswick #2

Given name added from a supplemental report

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

(27) Filed April 8 19 22 (28) C. E. Smith 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.