

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston S.C.
(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

88722

Registration District No. 9ARegistered No. 1404

(For use of Local Registrar)

City of Charleston S.C. (No. St Francis Xavier Infirmary) Ward(2) Full Name of Child Thomas Ferdinand Paturzo Jr.

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

(3) BOY OR

(4) ~~Twin~~
or Triplet?(5) Number in
order of birth 1st(6) Are
Parents
Married? Yes(7) DATE OF BIRTH Dec. 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEThomas Ferdinand Paturzo(9) PRESENT
POSTOFFICE
OF FATHER90 Ratchliffe St, Charleston, S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Civil Engineer(16) Number of children born to
mother, including present birthOne

MOTHER.

(14) NAME BEFORE
MARRIAGEElizabeth Knox(15) PRESENT
POSTOFFICE
OF MOTHER90 Ratchliffe St, Charleston, S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 26
(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Formerly Trained nurse now Housewife(21) Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:16 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

107 Wentworth StGiven name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12/15/16

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(28)

J. Messersmith
Local Registrar

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.*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.