

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

88722

Township of

or
Inc. Town of

Registration District No. *9A* Registered No. *1404*
(For use of Local Registrar)

City of *Charleston S.C.* (No. *St Francis Xavier Infirmary* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Thomas Ferdinand Paturzo Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (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.

MOTHER.

(8) FULL NAME *Thomas Ferdinand Paturzo*

(14) NAME BEFORE MARRIAGE *Elizabeth Knox*

(9) PRESENT POSTOFFICE OF FATHER *90 Ratchliffe St, Charleston, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *90 Ratchliffe St, Charleston, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *Charleston, S.C.*

(18) BIRTHPLACE *Charleston, S.C.*

(13) OCCUPATION *Civil Engineer*

(19) OCCUPATION *Formerly Trained nurse now Housewife*

(20) Number of children born to mother, including present birth *one*

(21) 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 *3:16 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W.A. Johnson* (25) Address of Physician or Midwife *107 Wentworth St*

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed *12/15/16* 1916 (28) *J. Messersmith* 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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MADE IN U.S.A. ...