

(1) PLACE OF BIRTH

County of Georgetown
Township of Hix
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only
21042

Registration District No. 7105 Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child J. R. Saurinone (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet To be covered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Are twins marked? yes (7) DATE OF BIRTH July 19, 1919
(Month of Birth) (Day) (Year)

FATHER.
(8) FULL NAME John R. Saurinone
(9) PRESENT RESIDENCE OF FATHER Herningway S. C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE Georgetown Co. S. C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Brown
(15) PRESENT RESIDENCE OF MOTHER Herningway S. C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
(18) BIRTHPLACE Horry Co. S. C.
(19) OCCUPATION housework
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Gith
(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Herningway S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 19, 1919 J. M. ... 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.

Division of Statistics, Columbia, S. C.

S · A · F · E · T · Y · Δ · L · M