Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3081

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

or

Inc. Town of ..... Registration District No. 9A Registered No. 169 (For use of Local Reistrar)

or

City of Charleston (No. 3 Concord St.; ..... Ward)

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

(2) Full Name of Child James E. Peirano } If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL?~~	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb., 5th, 1915 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME Antonio Peirano	(14) NAME BEFORE MARRIAGE Emily Bertocchi
(9) PRESENT POSTOFFICE OF FATHER Charleston SC.	(15) PRESENT POSTOFFICE OF MOTHER Charleston SC.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Italy	(18) BIRTHPLACE Charleston SC
(13) OCCUPATION Restaurant Keeper	(19) OCCUPATION H Swk
(20) Number of children born to mother, including present birth 6th	(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 (Born alive ~~or stillborn~~) at 8 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. G. Bass MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 96 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 2/12 1915 (28) J. Mercer Green 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.