

THIS IS A PERMANENT RECORD.  
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.

MADE IN COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		34299	
Township of <u>18</u>		Bureau of Vital Statistics			
Inc. Town of <u>.....</u>		State Board of Health			
City of <u>.....</u>		Registration District No. <u>1907</u>		Registered No. <u>77</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Theresa Rasch</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>True</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 22, 1907</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Edwin Rasch</u>			(14) NAME BEFORE MARRIAGE <u>Albina Rasch</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner S.C.</u>		
(10) COLOR OR RACE <u>Dark</u>			(16) COLOR OR RACE <u>Dark</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>.....</u>		
(13) OCCUPATION <u>.....</u>			(19) OCCUPATION <u>.....</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>.....</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>.....</u>					
(24) State whether Physician or Midwife <u>Female</u>					
(25) Address of Physician or Midwife <u>.....</u>					
Given name added from a supplemental report <u>.....</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>.....</u>		
19 <u>1907</u> Registrar			(27) Filed <u>10/23/07</u> (28) <u>L. E. Hester</u> 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.