

MARGIN RESERVED FOR BINDING.

WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		36218	
Township of		Registration District No. <u>38A</u>		Registered No. <u>1832</u> (For use of Local Registrar)	
Inc. Town of		City of <u>Columbia</u>		(No. <u>924</u> <u>Hampton Ave.</u> (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 <u>Ilia Arnold Gerosa</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 15 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arnold Gerosa</u>			(14) NAME BEFORE MARRIAGE <u>Maria Perucchi</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>Switzerland</u>			(18) BIRTHPLACE <u>Switzerland</u>		
(13) OCCUPATION <u>ironite worker</u>			(19) OCCUPATION <u>house wife</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>P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. M. Rice</u>			(24) Address of Physician or Midwife <u>Columbia, S.C.</u>		
(25) State whether <u>MD.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 signed by mark)		
..... 19			(27) Filed <u>11-5</u> 19 <u>22</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.					

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