

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.

Sav. of Columbia.

## (1) PLACE OF BIRTH

County of

Chesterfield

Township of

Mt. Croghan

Inc. Town of

or

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76380

Registration District No. 1215

Registered No. 181

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 4, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H. C. Nicholson

(9) PRESENT POSTOFFICE OF FATHER

Mt. Croghan S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Chesterfield Co S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dora Stegall

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Croghan S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Chesterfield Co S.C.

(19) OCCUPATION

Housewife

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

7

(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) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. L. Funderburk

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Mt. Croghan S.C.

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 191...

(28) J. T. Rivers 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.