

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, SECURE SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charlotte</i>		STATE OF SOUTH CAROLINA		808	
Township of <i>Mt. Croghan</i>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <i>1205</i>		Registered No. <i>1</i>	
(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 <i>Mary Nicholas</i> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number of order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Jan 28 1912</i>	
To be answered only in case of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <i>G. P. Nicholas</i>			(14) NAME BEFORE MARRIAGE <i>Emma Graves</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Mt. Croghan S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Mt. Croghan S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)		
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Merchant</i>			(19) OCCUPATION <i>House work</i>		
(20) Number of children born to mother, including present birth <i>12</i>			(21) Number of children of this mother now living, including present birth <i>12</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive at 7 P.M.</i> on the date above stated. (Born alive or stillborn) (Mark A. M. or P. M.)					
(23) (Signature) <i>James H. Haskins</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Physician Mt. Croghan</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 1912 State Registrar			(27) Filed <i>2-10-12</i> (28) <i>P. D. Cuthbert</i> 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.					

Model of Columbia, Columbia, S. C.