

## (1) PLACE OF BIRTH

County of *York*Township of *Catawba*

Inc. Town of

City

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

(2) Full Name of Child *Horace Henry Harris* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy* (4) *Full* or *Infant*? (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 24* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Don't know*

(9) PRESENT POSTOFFICE OF FATHER *Don't know*

(10) COLOR OR RACE *Indian* (11) AGE AT LAST BIRTHDAY *Don't know* (Years)

(12) BIRTHPLACE *Catawba reservation*

(13) OCCUPATION *Farming*

(14) Number of children born to mother, including present birth *Three*

MOTHER.

(14) NAME BEFORE MARRIAGE *Sadie Harris*

(15) PRESENT POSTOFFICE OF MOTHER *Catawba*

(16) COLOR OR RACE *Indian* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *Catawba reservation*

(19) OCCUPATION *Housekeeping*

(20) Number of children of this mother now living, including present birth *Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *3* *h* on the date above stated. (Hour of day or night) (Hour A. M. or P. M.)(22) (Signature) *W. H. Harris* (23) State whether Physician or Midwife *Physician* (24) Address of Physician or Midwife *Catawba*

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed *10/6/01* (27) 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.

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.