

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75144

County of Williamsburg
Township of Mansions
OR
Inc. Town of.....
OR
City of.....

Registration District No. 4306 Registered No. 73
(For use of Local Registrar)
(No. 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 Laurie Harnes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL BOY GIRL
(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 Aug 24 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lias Harnes
(9) PRESENT POSTOFFICE OF FATHER Cades
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Williamsburg
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Wilson
(15) PRESENT POSTOFFICE OF MOTHER Cades
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Williamsburg
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gaura Manner
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness B. M. Smith
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept. 7 1916 (28) J. T. Furson
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.

Aug 24 1916