

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Greenville*  
Township of *Greenville*  
or  
Inc. Town of  
or  
City of

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

Registration District No. *23D6*

File No.—For State Registrar Only

90199

Registered No. *179*  
(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 *David Harris*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 17 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *David Harris*  
(9) PRESENT POSTOFFICE OF FATHER *Greenville R.F.D.*  
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY  
(12) BIRTHPLACE *Greenville Co*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie*  
(15) PRESENT POSTOFFICE OF MOTHER *Greenville R.F.D.*  
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY  
(18) BIRTHPLACE *Greenville Co*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Amelia Sanders*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife*

Given name added from a supplemental report

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

(27) Filed *Jan 9 1917* (28) *A. B. Bowler* 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.