

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.

Form No. 1.

(1) PLACE OF BIRTH

County of *Cotton*

Township of *Var*

or
Inc. Town of

City of (No.)
(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

76560

Registration District No. *1409* Registered No. *126*
(For use of Local Registrar)

(2) Full Name of Child.

James Harrison

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

| | | | | |
|----------------------------|----------------------|--|-------------------------------------|---|
| (3) BOY OR GIRL <i>Boy</i> | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>July 29, 1916</i> <small>(Name of Month) (Day) (Year)</small> |
|----------------------------|----------------------|--|-------------------------------------|---|

FATHER.

(8) FULL NAME *John Harrison*

(9) PRESENT POSTOFFICE OF FATHER *Walterboro*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE *Columbia County*

(13) OCCUPATION *Labourer*

(20) Number of children born to mother, including present birth { *5* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Larner*

(15) PRESENT POSTOFFICE OF MOTHER *Walterboro*

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

(18) BIRTHPLACE *Columbia County*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth { *5* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born*, at *10 a.m.*, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *John Harrison*

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

Midwife Mary J. Jackson, Walterboro

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 *Oct 10, 1916* (28) *James H. Paddy* 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.