

MAILED 11-27-1915
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for EACH CHILD.

McCaw of Columbia

(1) PLACE OF BIRTH

County of Sumter

Township of Proctor

Inc. Town of

City of

(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

44779

Registration District No. 4104

Registered No. 169

(For use of Local Registrar)

(2) Full Name of Child James Harmon Jr.

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jun 16 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Harmon

(9) PRESENT POSTOFFICE OF FATHER Sumter Co

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Hammer Hand

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Freddie Lind

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Hammer Hand

(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 alive at Sumter on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Harmon

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 18 1915 (28) James T. B. B. B. 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.

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