

WHITE PENCIL, 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, N. B. of Columbia

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Pine Grove
 or
 Inc. Town of Fort Motte
 or
 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
63327

Registration District No. 803 Registered No. 39
 (For use of Local Registrar)

(2) Full Name of Child Science Harris

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 3 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jarvis Harris
 (9) PRESENT POSTOFFICE OF FATHER Lone Star
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE Lone Star
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pammy Butler
 (15) PRESENT POSTOFFICE OF MOTHER Lone Star
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Fort Motte S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born, at 11.00 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Midwife Rachel Wright
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Motte S.C.

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 June 10 1916 (28) J. D. Stoddemier 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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