

Form No. 1.

(1) PLACE OF BIRTH
County of Chesterfield
Township of
or
Inc. Town of McBee S.C.
or
City of (No. St.; Ward)
(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
76331

Registration District No. 1700 Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child. preada Harris ... { If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH sep, 23, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie Harris
(9) PRESENT POSTOFFICE OF FATHER McBee SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE See County
(13) OCCUPATION farming
(20) Number of children born to mother, including present birth { 4

MOTHER.
(14) NAME BEFORE MARRIAGE Pollie Blackman
(15) PRESENT POSTOFFICE OF MOTHER McBee SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE McBee SC
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella T. Torry
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife McBee SC

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 Sept 28 1916 (28) J. M. Beath 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.

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.