

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of York  
Township of .....  
or  
Inc. Town of Fort Mill  
or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Harris

File No.—For State Registrar Only  
**75260**

Registration District No. 4406

Registered No. 66  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug - 19, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Harris  
(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION R. R. Section  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bleeker Caldwell  
(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Domestic  
(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 alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Sullage  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Mill, S.C.

Given name added from a supplemental report

See off - 12-16-43  
L. A. Harris, M.D. 19 MCC Registrar

(26) Witness A. L. Parks  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8-22-1916 (28) A. L. Parks 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.