

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.

## (1) PLACE OF BIRTH

County of

*Greenville*

Township of

*Greenville*

or

Inc. Town of

or

City of

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

Registration District No.

*2205*

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

*Chloe Harrison*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

*Aug. 24, 1906*

## FATHER.

(8) FULL NAME

*Will Harrison*

(9) PRESENT POSTOFFICE OF FATHER

*Tony Creek*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*24* (Years)

(12) BIRTHPLACE

*Greenville S.*

(13) OCCUPATION

*Farmer*

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

*Two*

## MOTHER.

(15) NAME BEFORE MARRIAGE

*Alice M. Culbough*

(16) PRESENT POSTOFFICE OF MOTHER

*Tony Creek*

(17) COLOR OR RACE

*Black*

(18) AGE AT LAST BIRTHDAY

*21* (Years)

(19) BIRTHPLACE

*Greenville S.*

(20) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alice*, at *7* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Chloe Harrison*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Greenville S.*

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

*Aug. 24, 1906*

(28)

*C. Harrison*

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.