

CATAWBA POPULATION DYNAMICS DURING THE EIGHTEENTH AND NINETEENTH CENTURIES

by

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Abstract

Ethnohistoric documents offer the best available evidence for reconstructing eighteenth and nineteenth-century Catawba demographic history. They suggest that total population declined from A.D. 1700 until about 1850, but then increased again over the next one hundred years. Documentary sources also reveal that while the effects of European-introduced epidemic diseases were among the most significant determinants of Catawba population dynamics throughout the eighteenth century, emigration and other factors may have been more significant during the nineteenth century.

The University of North Carolina's Catawba Project seeks to address a number of topics pertaining to the emergence and development of the modern Catawba Nation. Some of these topics include Catawba coalescence and ethnogenesis, diachronic changes in settlement pattern, the nature of inter- and intracommunity social and political relationships, and population dispersal.

Closely linked to all of these issues, and crucial to their satisfactory resolution, is an understanding of Catawba population history. During the eighteenth and nineteenth centuries, native groups in the Carolina Piedmont experienced significant population decline. This population loss encouraged tribal and ethnic merging, upset cultural norms and eliminated traditional knowledge, altered relationships between humans and their natural environment, and brought about changes in settlement and subsistence practices. Population reduction also transformed kinship networks, undermined political and religious authority, motivated population dispersal, and helped shape oral and other cultural traditions that are an integral part of Catawba identity today.

The ethnohistoric evidence for this population decimation is unequivocal, but it has unfortunately led many scholars to oversimplify the reality of Catawba demographic history. An accurate reconstruction of this history should identify not only episodes of population reduction and collapse, but also periods of recovery and stability.

CATAWBA POPULATION DYNAMICS

This paper explores the dynamic population history of the Catawba Indians during the eighteenth and nineteenth centuries. Because epidemic disease appears to have had a significant impact on native population levels for much of this period, the principal focus is on the evidence for European-introduced diseases and their effects on Catawba population dynamics.

Ethnohistoric Evidence

The bulk of evidence pertaining to Catawba population and disease comes from ethnohistoric accounts left by English settlers and their colonial governments. These sources are undoubtedly biased and deficient, but archaeological evidence pertaining to Catawba population and disease is at present even more inadequate. Ethnohistoric documents therefore offer the best available evidence for reconstructing Catawba demographic history and inform the reconstruction outlined here.

Still, there are a number of ways in which the available ethnohistoric data are problematic. One glaring deficiency is the lack of complete temporal coverage. For example, while Catawba population levels are documented reasonably well for the 1740s and 1750s (Table 1), there are only one or two estimates for each of the other decades in the eighteenth century (with the exception of the 1730s and 1790s, for which there are no estimates at all). The data for the nineteenth century are similarly patchy (Table 2).

Furthermore, population estimates that are available are not always comparable. Some recorded estimates refer to the total number of men, women, and children, some refer to the number of warriors only, and still others refer to the number of people actually living on the Catawba reservation.

Finally, even estimates purporting to describe the same aspect of Catawba population may not be compatible or accurate. Few authors were actually primary witnesses to the epidemics they recorded, and consequently most population estimates were arrived at through some specific methodology. Yet different authors frequently employed different methodologies. For example, population estimates for 1670 and 1700 (Table 1) are both derived from a warrior count of 1,500, yet they differ by some 2,000–4,000 individuals! Even if the ratio of warriors to total population changed significantly between 1670 and 1700, it is inconceivable that total population could have at the same time increased by a third. Obviously, one of these early population estimates is in error; in reality, both are likely to be problematic.

NORTH CAROLINA ARCHAEOLOGY [Vol. 53, 2004]

Table 1. Eighteenth-Century Catawba Warrior Counts and Population Estimates.

Year	Warrior Count	Population Estimate	Source
pre-1700 (1670?)	1,500	6,000 ^a	Adair 1930 [1775]; Mooney 1894
1690	-	4,000	<i>South Carolina Gazette</i> , 3 May 1760:2-3
1700	1,500	8,000-10,000 ^a	Mills 1826
1715	570	1,470	Lesesne 1932; Merrell 1989
1717	700	2,333 ^b 1,750 ^c	Lesesne 1932
1728	400	1,333 ^b 1,000 ^c	Lesesne 1932
1742	500	1,667 ^b 1,250 ^c	Merrell 1982
1743	almost 400	1,333 ^b 1,000 ^c	Adair 1930 [1775]; Mills 1826
1746	300	1,000 ^b 750 ^c	Hudson 1970
1748	300	1,000 ^b 750 ^c	Merrell 1982
1749	300	1,000 ^b 750 ^c	Glen 1951 [1761]
1753	400	1,333 ^b 1,000 ^c	Merrell 1982
1755	240	800 ^b 600 ^c	Merrell 1982
	320	1,067 ^b 800 ^c	Hudson 1970; Merrell 1982
1756	204	680 ^b 510 ^c	Merrell 1982: John Evans Map
1759	300	1,000 ^b 750 ^c	Merrell 1989

CATAWBA POPULATION DYNAMICS

Table 1 continued.

Year	Warrior Count	Population Estimate	Source
1760	less than 100	333 ^b 250 ^c	<i>South Carolina Gazette</i> , 3 May 1760:2–3
	75 (men)	250 ^b 188 ^c	Brown 1966
	60 or less (men)	200 ^b 150 ^c	Richardson 1970 [1760]
1768		500	Mooney 1894
1775		400	Swanton 1946
early 1780s	60–70	200–233 ^b 150–175 ^c	Smyth 1784

Note: Prior to the nineteenth century, documents tend to record only the number of warriors. Most of the total population estimates given in Table 1 are therefore derived from recorded warrior counts.

Two values are provided for all estimates derived by the author. The lower estimated value is based on the assumption that Catawba warriors accounted for 30 percent of the total population, while the higher estimated value assumes warriors accounted for 40 percent of the total population. These assumptions are based on a 1715 census (summarized in Lesesne 1932) that indicates warriors accounted for 39 percent of total Catawba population, 27 percent of total Cheraw population, and 34 percent of total Waccamaw population. These 1715 census figures are of course problematic for estimating population in other years, in that the ratio of warriors to total population undoubtedly fluctuated throughout the eighteenth century as a result of epidemic disease and age-specific mortality.

^aindicates derived population estimate (in original source).

^bindicates population estimate derived by the author, assuming that warriors account for 30 percent of total population.

^cindicates population estimate derived by the author, assuming that warriors account for 40 percent of total population.

Table 2. Nineteenth-Century Catawba Warrior Counts and Population Estimates.

Year	Warrior Count	Population Estimate	Source
1826	less than 50	110	Mills 1826
1830s		about 100 (on reservation)	Merrell 1989
1839	12 men	88 (on reservation)	Brown 1966; Hudson 1970
1850	20 men	110 (76 in N.C., 34 in S.C.)	Hudson 1970
1856		50 (in S.C.)	Hudson 1970
1858		70 (on reservation)	<i>Fort Mill Times</i> , 12 Feb 1914:1
	12 men	88 (on reservation)	Reed 1952
1859		70–75	Ivy 1859
1861		75–80	Patton 1861
1867		approx. 70	Brown 1966
1870		about 80 (on reservation)	Brown 1966
1875		70 (in S.C.)	Latham 1875
1879		barely 100	Hudson 1970
1881		85 (on reservation)	Brown 1966; Hudson 1970
		40 (in N.C.)	Hudson 1970
1886		60	Brown 1966
1893		about 80	Brown 1966; Hudson 1970

CATAWBA POPULATION DYNAMICS

Despite these and other deficiencies, a cautious examination of the available ethnohistoric population estimates can reveal general demographic trends. The remainder of this paper describes and attempts to explain some of these trends.

Population Trends

Across much of native North America, population levels declined from earliest historical times through about 1890 and then began to increase again after World War II (Dobyns 1983:3–4). The ethnohistoric record indicates that Catawba population history was no exception to this general trend.

Figure 1 illustrates changes in the number of Catawbas living in ancestral territory from 1670 to 1881¹. Despite problems associated with the earliest and derived population estimates, the graph suggests that the Catawbas experienced massive population reduction between 1700 and 1760. Figure 2 corroborates this trend but avoids the problems associated with derived population estimates by showing only warrior counts for the period from 1700 to 1858. Although it is impossible to determine whether population decline was abrupt or steady, this graph suggests that Catawba military strength decreased markedly between 1700 and 1720, 1720 and 1730, 1730 and 1750, and 1750 and 1760. Military strength (and presumably total population) appears to have reached an all-time low around the middle of the nineteenth century.

Figure 3 displays the number of individuals claiming ethnic affiliation with the Catawba Nation from 1670 to 2002. It thus takes into account Catawbas living on and off of the reservation. This figure suggests that population increased slowly during the second half of the nineteenth century until about 1950, at which time the increase became more rapid.

Epidemic Disease and the Catawbas

Several of the trends described above begin to make sense in light of the ethnohistoric evidence for European-introduced infectious diseases and their effects. While smallpox appears to have been the deadliest disease introduced to the Americas by Europeans, measles, influenza, and a few others also took devastating tolls on indigenous populations. A lack of immunity to these new diseases meant that large segments of native populations likely fell ill at the same time. Mortality may have reached in excess of 30 percent in such situations of virgin soil epidemics (Ramenofsky 1987:4), especially when multiple diseases struck

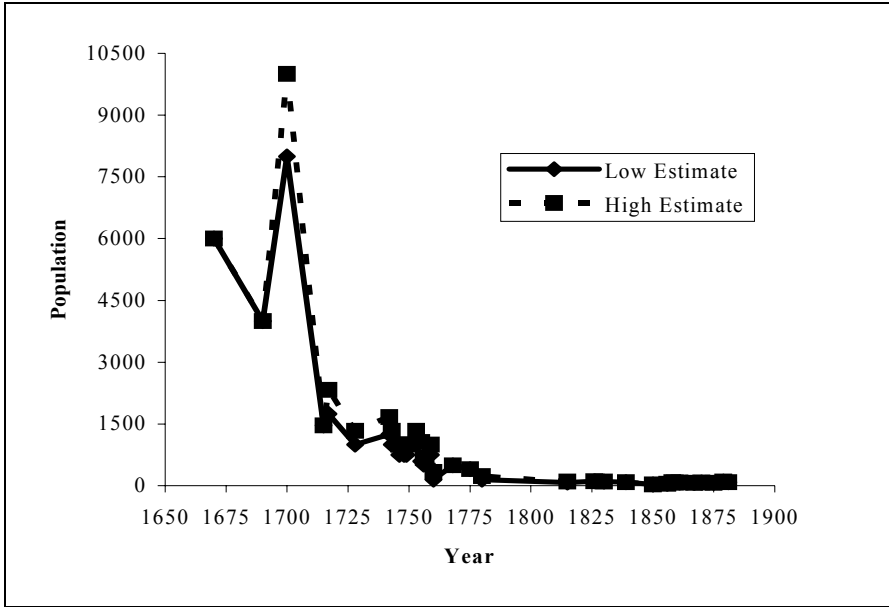


Figure 1. Population estimates of Catawbas in ancestral territory, A.D. 1670-1881.

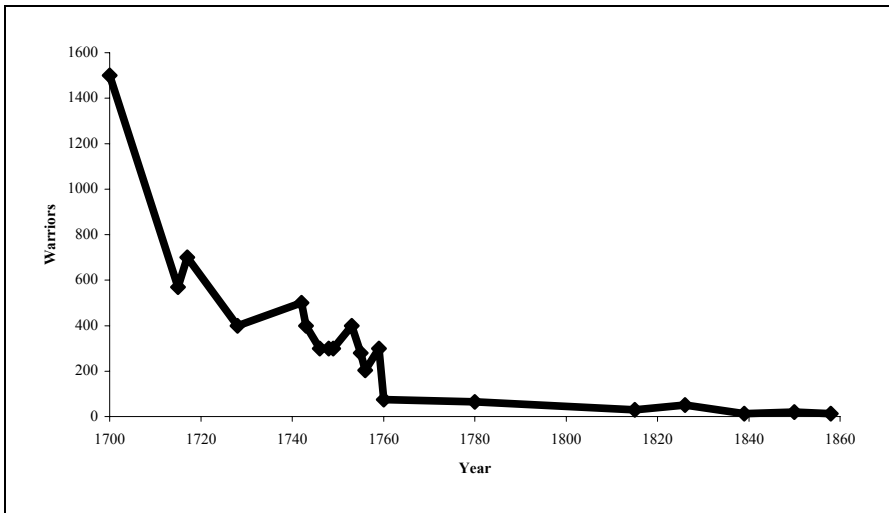


Figure 2. Catawba warrior counts, A.D. 1700-1858.

CATAWBA POPULATION DYNAMICS

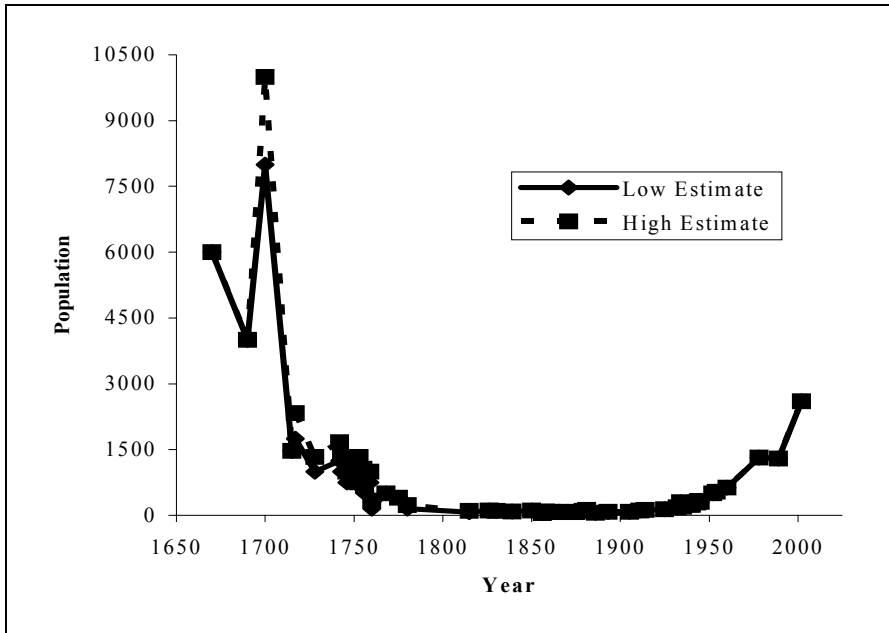


Figure 3. Estimates of total Catawba population, A.D. 1670–2002.

populations simultaneously or sequentially. Even endemic diseases² may have brought about life-threatening complications if they occurred in conjunction with another disease in epidemic stage (Crosby 1994).

Yet it was the frequency with which epidemics recurred that probably dealt the biggest blow to many native groups. Initial epidemics may have resulted in the highest levels of mortality and conferred permanent immunity for survivors (Ramenofsky 1987), but subsequent infections were almost as deadly when enough time had lapsed since the previous exposure for a new generation to become susceptible (Crosby 1994). In the case of smallpox, for example, re-exposure during the seventeenth and eighteenth centuries may have been infrequent enough that most exposures resulted in major epidemics (Livingood and Ricketts 2001).

Furthermore, mortality from epidemic disease is age-specific, with children and elderly individuals experiencing the highest death rates. Consequently, the ratio of “prime” adults to total population tends to be higher following episodes of disease. In an agent-based simulation performed by Livingood and Ricketts (2001), the proportion of prime adults was significantly higher immediately following a smallpox epidemic and remained elevated for more than a decade. As these adults

Table 3. Documented Epidemics Afflicting the Catawba Nation.

Year	Disease	Source
1718	Unknown	Spotswood [1718] in Merrell 1989
1738	Smallpox	<i>South Carolina Gazette</i> , 15 Dec 1759:1
1749	Unknown	Lipscomb 1983
1751	Unknown	Three Nations to the Catawbas, Nov 23, 1751
1753	Unknown	Steel 1970 [1753]
1759	Smallpox	<i>South Carolina Gazette</i> , 15 Dec 1759:1
1775	Smallpox	<i>Fort Mill Times</i> , 18 Jun 1925:1
1918	Influenza	<i>Evening Herald</i> , 9 Oct 1918a:3, 10 Oct 1918b:3, 12 Oct 1918c:1, 14 Oct 1918d:2, 15 Oct 1918e:4; <i>Fort Mill Times</i> , 24 Oct 1918:3; <i>Record</i> , 7 Oct 1918:5, 15 Jan 1920:7
1928	Measles	Sky Eagle 1928a, 1928b, 1928c, 1928d, 1928e

aged past their prime, however, the population experienced a shortage of prime adults relative to children and post-prime adults (Livingood and Ricketts 2001:7). In addition to its obvious implications regarding the long-term effects of epidemic disease on demographic balance and labor availability, this simulated result highlights the dangers inherent in basing population estimates on warrior counts.

Documented Epidemics

The first epidemic known to have definitely affected the Catawbas broke out in 1718 (Table 3). The specific nature of this “wave of contagion” remains a mystery, but its effects on Catawba population did not go unnoticed. Virginia Lieutenant Governor Alexander Spotswood wrote that “the Cattawbaues...are of late become much lessen’d, by a remarkable dispensation of Providence in rendring their women for the most part barren” (Merrell 1989:97).

The contagion of 1718 was indeed a boon for the English, paving the way for settlers to begin encroaching upon Catawba territory in the 1730s. As a consequence, literate Englishmen were around to record the effects of

CATAWBA POPULATION DYNAMICS

subsequent epidemics that afflicted the Catawbas in 1738, 1749, 1751, 1753, 1759/1760, and 1775.

Smallpox spread from Charlestown (Charleston) to the Catawbas in 1738, and Merrell (1989) suggests that half (or more) of the population may have succumbed to the disease. Another “Sickness” may have descended upon the Nation eleven years later. Writing in 1753, South Carolina Governor James Glen offered the following record of a 1749 epidemic:

the Catawbas who also came to that Meeting [in Charlestown in 1749] were attacked by their Enemy in our Settlements, but the Sickness which attacked them here, proved their greatest Enemy and carried off the King [Young Warrior] and nineteen of the Head Men, so that there was but one Head Man of the whole Nation left alive: The present King [Hagler] who was hunting and did not come down. [Lipscomb 1983:215]

There remains some uncertainty as to just how severely this “Sickness” affected the rest of the Catawba Nation, however.

Two additional epidemics may have struck the Catawbas in 1751 and 1753, but both are poorly documented. Evidence for the first epidemic comes from a letter dated November 23, 1751 and penned by headmen of the Oneida, Tuscarora, and Mohawk nations. These headmen regretted to hear of the “Sickness [that] has taken hold of [the Catawba] Nation” and which had prevented its members from meeting with them at Albany earlier that fall (Three Nations to the Catawbas, November 23, 1751). This “Sickness” may have exacerbated the demographic effects of the 1749 epidemic, for in 1752 King Hagler implored Governor Glen to invite the Peedee Indians to settle amongst the Catawbas “and make but one Nation, which will be a great Addition of Strength to us” (Letter from Catawba King to Governor Glen, November 21, 1752).

A letter written by Robert Steel on July 23, 1753 provides the sole indication that some sort of epidemic may have occurred in that year. In the letter, Steel informed Governor Glen that the French had recently killed 14 Catawbas. He also wrote that the Indians’ reliance upon blackberries “brought a Flux on them that has cut off a great many of them, and are still dying of it daily” (Steel 1970 [1753]:454).

Compared to the aforementioned epidemics, the smallpox outbreak of 1759–1760 is very well documented. Infected warriors returning from the French and Indian War introduced the disease (Milligen 1951 [1763]), and King Hagler first informed South Carolina Governor Lyttelton of this “Bad Disorder amongst Us” in early October of 1759 (Merrell 1982:517). By mid-December, the Charlestown-based *South Carolina Gazette* reported

that “[i]t is pretty certain, that the Small-Pox has lately raged with great Violence among the *Catawba Indians*, and that it has carried off near one half of that Nation...” (*South Carolina Gazette*, 15 December 1759:1). The disease persisted into 1760³, resulting in “a terrible Havack” (Merrell 1982:517) and prompting able-bodied Indians to desert the towns and head for the woods (Merrell 1989). On February 26, 1760, Richard Richardson wrote to inform Governor Lyttelton that “...I have seen King Haigler this Day...His Answer is that he had not been at his Nation since the Small Pox, that he does not know what People he has alive...I hear their Number of Men does not exceed sixty...” (Richardson 1970 [1760]:501–502). Some estimates indicate that population fell by two-thirds (Brown 1966) or even three-fourths (*Yorkville Enquirer*, 7 August 1879) before the epidemic finally petered out.

Smallpox appears to have broken out again fifteen years later. Sometime between July and October of 1775, members of a Catawba delegation caught “the fever” on their return from a meeting in which they had agreed to aid the colonists in their struggle against the British (Brown 1966; Kirkland and Kennedy 1905). The fever may have reached epidemic proportions upon the delegation’s homecoming, for many years later an article in the *Fort Mill Times* stated that

About the beginning of the Revolutionary war, the tribe suffered from a severe epidemic of smallpox...From its virulent type and their malpractice in treating it, hundreds of them are said to have fallen victims of the plague [*Fort Mill Times*, 18 June 1925:1].

Surprisingly, no epidemics were reported among the Catawbans during the nineteenth century, but influenza and measles took their tolls on the nation in 1918 and 1928, respectively.

Discussion

Careful examination of Figures 1, 2, and 3 reveals that documented epidemics do not adequately explain Catawba population dynamics during the eighteenth and nineteenth centuries. Specifically, Catawba population estimates and eighteenth-century epidemic events do not correlate in any straightforward manner. Despite an apparent population spike at 1717 (Figures 1 and 2), the general trend toward population decline that seems to characterize the period between 1715 and 1728 is at least compatible with the theory of a 1718 epidemic. The evidence for the 1738 smallpox epidemic is somewhat more ambiguous, however. There does appear to be decline between 1728 and 1746, but the estimates reported for 1742 and

CATAWBA POPULATION DYNAMICS

1743 (Table 1) make it difficult to clearly associate this general decline with a specific event in 1738. Evidence for the 1749 and 1751 epidemics does not show up at all in the population estimates; on the contrary, population appears to rise between 1749 and 1753.

In contrast, the 1753 epidemic appears to be reflected in the population decline between 1753 and 1756. Likewise, population estimates clearly reflect the 1759 smallpox epidemic: the steep drop in population that occurred between 1759 and 1760 (Figure 2) represents a two-thirds decrease. Finally, the effects of the 1775 epidemic are apparent in the 50 percent drop in population that occurred between 1775 and the early 1780s (Figures 1 and 3).

At the same time, evidence of nineteenth-century population recovery should be apparent if there were indeed no epidemics on the reservation between 1775 and 1918. That we do not see such evidence suggests that either not all epidemics are ethnohistorically documented or disease was not the only factor influencing Catawba population. Although the Catawbas undoubtedly experienced outbreaks of disease for which no record survives, the remainder of this paper focuses on other factors such as warfare, migration, and general lifestyle that appear to have also influenced Catawba population during the eighteenth and nineteenth centuries.

Non-Disease Factors Affecting Catawba Population

Warfare with the Iroquois and other native groups during the eighteenth century resulted in the death or imprisonment of many Catawba warriors. In some cases it also affected the welfare of women and children, as when devastating Iroquois attacks on Catawba towns in 1715 and 1716 left all of the Indians close to starvation (Merrell 1989). When warfare between the Catawbas and Iroquois escalated in the 1730s and 1740s (Brown 1966; Merrell 1989), the Catawbas were especially vulnerable to attacks, having already been devastated by disease in 1718 and 1738. The Nation made peace with the Iroquois in 1751, but other groups continued to threaten the Catawbas, who according to Mooney (1894:72) “were now so far reduced that they could make little effectual resistance.”

The exact number of Catawbas slain or imprisoned during the eighteenth century remains a mystery, but Merrell (1982) suggests that at least 221 were killed and 95 captured. The population would have been further reduced as small groups left the Nation to find security among the colonists.

At the same time, the incessant threat from warfare in the early to mid-eighteenth century also helped bolster the Nation's numbers by forcing smaller tribes already weak from disease to seek protection from the more powerful Catawbas. South Carolina officials and the Catawbas themselves further encouraged this amalgamation through active recruitment of vulnerable groups (Merrell 1982, 1989). Among those who incorporated with the Catawbas after 1700 were members of the Keyauwee, Sara, Eno, Santee, Wateree, Saponi, Cheraw, Peedee, Waccamaw, Congaree, Natchez, Yamasee, and Saxapahaw tribes (Merrell 1989; Mooney 1894).

During the nineteenth century, the tables turned and the Catawbas became the ones to leave their ancestral territory and merge with other still-powerful groups. In 1840 all but two or three families left the reservation and moved in with the Eastern Cherokees (Brown 1966; Hudson 1970). As would be expected, this arrangement between former enemies did not endure, and beginning in 1848 many of the Catawba families returned to South Carolina or went to be with the Choctaws in western Arkansas. Brown (1966) reports that a group of 257 Catawbas were living among the Choctaws and Creeks in western Arkansas and present-day Oklahoma in 1895.

Another series of migration events occurred following widespread adoption of the Mormon religion in the late nineteenth century. During the 1880s, a number of Catawba families relocated to Utah, Colorado, and New Mexico, while others were persuaded to leave the reservation for areas of South Carolina with less anti-Mormon sentiment (Brown 1966; Hudson 1970).

When this evidence for warfare and migration is considered in conjunction with the documented population estimates and apparent demographic trends, the results are once again ambiguous. The available population estimates do not reflect the intense warfare of the mid-eighteenth century. When the evidence for eighteenth-century immigration is considered, however, it is tempting to speculate that some of the apparent increases in population (i.e., between 1715 and 1717, 1728 and 1742, 1749 and 1753, and 1756 and 1759 [Figure 2]) reflect the influx of new warriors from immigrant tribes. At present this hypothesis can be neither substantiated nor dismissed, but additional research could shed light on the matter.⁴ Similarly, the demographic effects of the 1840 migration seem to be reflected by the slight decline in population on the reservation between 1839 and 1850 (Figure 1). In addition, the drop of almost 30 percent between 1881 and 1886 (when population fell from 85 to 60; Table 2) could correlate with the 1884 migration to Utah.

CATAWBA POPULATION DYNAMICS

Finally, the influences of alcohol and abortion on Catawba population must not be overlooked. Early accounts of the causes of Catawba population decline frequently cite liquor alongside disease and warfare (e.g., Lawson 1937 [1714]; Mills 1826; *South Carolina Gazette*, 3 May 1760). Lawson (1714) also mentions “an Art to destroy the Conception” possessed by the Indians of the Carolinas, and Smyth (1968 [1784]) suggests that the “medicinal simples” used to induce abortion in young, unmarried women often led to later fertility problems.

Conclusions

In summary, ethnohistoric documents suggest that, on the whole, Catawba population declined from A.D. 1700 until about 1850, but then increased again over the next one hundred years. While the effects of European-introduced epidemic diseases appear to have been among the most significant determinants of Catawba population dynamics throughout the eighteenth century, emigration and other factors appear to have been more significant during the nineteenth century.

Obviously, the full complexity of Catawba demographic history is only just beginning to emerge from the ethnohistoric data. Fortunately, more data should be forthcoming as a result of further study under the Catawba Project. Additional ethnohistoric research will undoubtedly turn up significant new information that will confirm, refute, alter, or augment the tentative conclusions offered in this paper.

However, the most significant new data pertaining to Catawba population and disease is likely to come from the identification and evaluation of non-documentary evidence contained in the archaeological record. Future research should therefore also consider archaeological evidence that might reveal undocumented processes and their demographic effects on the Catawba people.

Notes

¹ “Ancestral territory” refers to the South Carolina interior prior to 1760 and the Catawba reservation thereafter.

² Diseases and other ailments found in the Americas prior to contact with Europeans included Chagas’s disease, Carrion’s disease, syphilis, tuberculosis, parasites, and anemia (Crosby 1994; Krech 1999; Mann 2002).

³ Additional strains of smallpox may have been introduced in 1760 by traders or goods coming from Charlestown, where the disease had broken out in January of that year (Krebsbach 1996).

⁴ Note that if the seemingly high estimate for 1717 does indeed reflect immigration, then the demographic evidence for the epidemic of 1718 becomes much more pronounced.

NORTH CAROLINA ARCHAEOLOGY [Vol. 53, 2004]

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1918b Fifth Child of John Brown is Dead. 10 October, p. 3. Rock Hill, South Carolina.

1918c Red Cross to the Aid of the Sick. 12 October, p. 1. Rock Hill, South Carolina.

1918d Indian Boy Dead. 14 October, p. 2. Rock Hill, South Carolina.

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NORTH CAROLINA ARCHAEOLOGY [Vol. 53, 2004]

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CATAWBA POPULATION DYNAMICS

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