

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campobello  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

91762

Registration District No. 40-2 Registered No. 217  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clara Ada McCallister If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Escar McCallister  
(9) PRESENT POSTOFFICE OF FATHER Immense R 4  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Spartanburg Co. S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Hall  
(15) PRESENT POSTOFFICE OF MOTHER Immense R 4  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Cherokee Co. S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 alive at 4:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gas R. Gibson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Immense

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

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Registrar

(27) Filed Dec 16 1916 (28) E. W. Myers  
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.