

## PLACE OF BIRTH

Greenville  
Greenville  
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Greenville

## CERTIFICATE OF BIRTH

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

No. 14202  
For State Registrar Only

Registration District No. 14202 Registered No. 14202  
(For use of Local Registrar)

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

Full Name of Child Cecil Melvin Callister  
If child is not yet named, make supplemental report as directed

Sex of Child Male (4) Type or Trait Y (5) Number in order of birth 1 (6) Age of Child 1 (7) DATE OF BIRTH May 24 1929  
(Name of Month) (Day) (Year)

FATHER  
Gordon L. Callister

PRESENT RESIDENCE OF FATHER Greenville S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)

BIRTHPLACE Spartanburg S.C.

OCCUPATION Lumber

Number of children born to mother, including present birth Four (4)

MOTHER  
Fatha L. Leo.

(14) NAME OF MOTHER Fatha L. Leo.  
(15) PRESENT RESIDENCE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Woodruff S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.) 9:30 P. M.

(22) (Signature) J. L. Callister M.D.  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Greenville S.C.

Name added from a supplemental report

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

(26) Date May 1 1929 (27) Local Registrar

If 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.