

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 Greenville  
Township of Grove  
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.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**85854**

Registration District No. 2, 210 Registered No. 7  
(For use of Local Registrar)

(2) Full Name of Child Sallie Christascals (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 no 12 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sam Christascals  
(9) PRESENT POSTOFFICE OF FATHER Belzer  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 17

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Rouse  
(15) PRESENT POSTOFFICE OF MOTHER Belzer  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 16

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 a.m.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Christascals  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Belzer S.C.

Given name added from a supplemental report

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

(27) Filed no 20 1916 (28) S. A. Harris  
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.

S. A. F. E. T. Y. A. F. I. L.