

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Campobello*

or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91803

Registration District No. *4001-a* Registered No. *147*
 (For use of Local Registrar)

City of (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. *Cassell* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? */* (5) Number in order of birth */* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 27 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *C. M. Cassell*

(9) PRESENT POSTOFFICE OF FATHER *Campobello*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *23*
 (Years)

(12) BIRTHPLACE *N.C.*

(13) OCCUPATION *Music Teacher*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Effie Brady*

(15) PRESENT POSTOFFICE OF MOTHER *Campobello*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20*
 (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(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 *alive*, at *12:10 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *T. E. Murrell*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys. Campobello

Given name added from a supplemental report

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

(27) Filed *Dec 30 1916* (28) *A. L. Mayberry* 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.