

(1) PLACE OF BIRTH

County of LawrenceTownship of Sullivan

Inc. Town of

City of

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

(2) Full Name of Child

Maude McCallough(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? not(7) DATE OF BIRTH Jan 30 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles McCallough

(9) PRESENT POSTOFFICE OF FATHER

Ware Shoals, S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Ma Owen

(15) PRESENT POSTOFFICE OF MOTHER

Ware Shoals, S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

16 (Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

House work

(20) Number of children of this mother now living, including present birth

This is the first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Ware Shoals, Lawrence Co., S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCharles E. Epps

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Feb 5 1914(28) Wm. J. Sullivan

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.

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