

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING 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.

(1) PLACE OF BIRTH

County of Laurens

Township of Sullivan

Inc. Town of

City of

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

File No.—For State Registrar Only
46721

Registration District No. 2906 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Maude McCallough } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are both of Parents Married? not (7) DATE OF BIRTH Jan 30 1914
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie 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 Owens
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals, S. C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 16
(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, Laurens, S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ma Lewis (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ware Shoals S.C.

Given name added from a supplemental report
191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by me) Ma Lewis
(27) Filed Feb 5 1914 (28) Ma S. 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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