

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

(2) Full Name of Child Matthew McCallough (If child is not yet named, make supplemental report as directed)(3) SEX
MALE(4) Twin
or Triplet(5) Number in
order of birth
To be covered only in event of Twin or Triplet(6) AGE
20(7) DATE OF
BIRTH July 29, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEErvin Mack(9) PRESENT
POSTOFFICE
OF FATHERAnderson(10) COLOR
OR
RACECol.(11) AGE AT LAST
BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Anderson

(13) OCCUPATION

Laborer(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEEthel M. McCallough(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACECol.(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Anderson

(19) OCCUPATION

Miss wife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

Carver Shanks - M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is answered)W. E. CRAYTON,

(27) Filed

19

(28)

ANDERSONWhen 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.