

(1) PLACE OF BIRTH

County Washington
 Township Society Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3562

Registration District No. 15Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Charles Eubank

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
Boy(4) Twin or Triplet
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr 5 1939
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Eubank(15) PRESENT POSTOFFICE OF MOTHER Society Hill(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION Cook(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 Born alive at 11 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. H. F. F. F.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 10 1939(28) ANN S. S. S.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.