

(1) PLACE OF BIRTH

County of Boswell

Township of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48107

Registration District No. 5-A Registered No. 3
(For use of Local Registrar)(2) Full Name of Child. Carson Eubank Co. Jr. } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11 1916
To be answered only in event of twins or triplets (Name of Month, (Day) (Year)

FATHER.

(8) FULL NAME Carson Eubank Sr(9) PRESENT POSTOFFICE OF FATHER Augusta Ga(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Aiken Co. - S.C.(13) OCCUPATION Engineer Murren R.R.(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mara Gull(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Lenoir Co. S.C.(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ryan A. Gyles M.D.(24) State whether Physician or Physician (25) Address of Physician or Blacksburg S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Feb. 25 1916 (28) E.S. Hammond 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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WRITE PLAINLY, WITH UNFADING 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.
McCaw, McCaw, of Columbia.