

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6.30 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed

Aug 15 1916

(28)

F. H. Coel

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.McCaw,
of Columbia.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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71093

Registration District No. 207Registered No. 57

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Patricia EubanksIf child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? girl(4) Twin
or Triplet? single(5) Number in
order of birth 3(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Aug 4 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Art Eubanks(9) PRESENT
POSTOFFICE
OF FATHER Aspen R. F. D.(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 40(12) BIRTHPLACE Hamlet S. Ga(13) OCCUPATION Farm Hand(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Maude Robinson(15) PRESENT
POSTOFFICE
OF MOTHER Aspen R. F. D.(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 23(18) BIRTHPLACE Hamlet S.(19) OCCUPATION housewife(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6.30 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) H. H. Coel

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

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