

## (1) PLACE OF BIRTH

County of HighlandTownship of Stephenswood

Inc. Town of .....

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

29975

Registration District No. 3800Registered No. 131  
(For use of Local Registrar)(2) Full Name of Child Arthur Eugene (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 event of Twin or Triplet

(5) Number in order of birth

(6) Stillborn

(7) DATE OF BIRTH

Sept. 23, 1923  
(Name of Month) (Day) (Year)(8) FULL NAME FATHER Frank E. Eubringer(9) PRESENT POSTOFFICE OF FATHER Stephenswood S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Stephenswood S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5(14) NAME BEFORE MARRIAGE MOTHER Bell Smith(15) PRESENT POSTOFFICE OF MOTHER Stephenswood S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Chester Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. M. Eubringer M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Stephenswood S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 24, 1923 (28) W. A. McLean  
Registrar 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.