

THIS IS A PERMANENT RECORD
 IF A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Pike
 Township of Windsor
 Inc. Town of
 City of
 (If birth occurred in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 218 Registered No. 8
 (For use of Local Registrar)

(2) Full Name Robert L. Eubank (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3-26-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Geo. Eubank</u>	(14) NAME BEFORE MARRIAGE <u>Eda Miner</u>	(9) PRESENT POSTOFFICE OF FATHER <u>White Pond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>White Pond</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>46</u>	(17) AGE AT LAST BIRTHDAY <u>46</u>
(12) BIRTHPLACE <u>Pike Co</u>	(18) BIRTHPLACE <u>Pike Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Eda Eubank
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackville
 Given name added from a supplemental report
 (26) Witness Eda Eubank (Signature of Witness necessary only when question 23 is signed or marked)
 (27) Filed 3-27-23 (28) O. L. Weeks 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.