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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only
00161

County of Aitken

STATE OF SOUTH CAROLINA

Township of Silverston

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of Hawthorne

Registration District No. 210

Registered No. _____
(For use of Local Registrar)

City of R.F.B. - 86

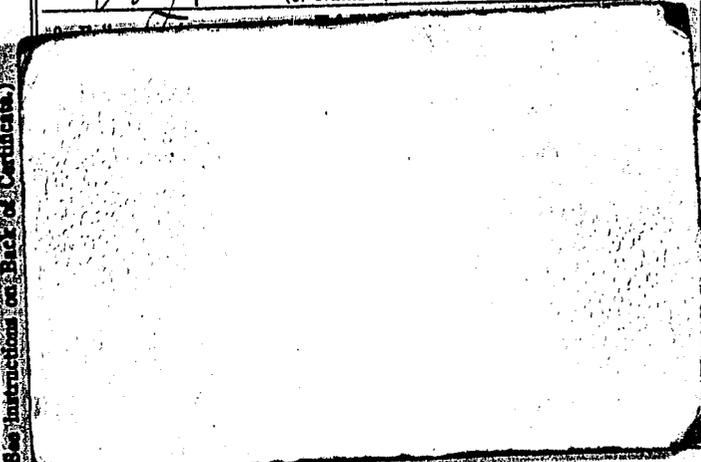
(No. _____ St.; _____ Ward)

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

2. FULL NAME OF CHILD Fred Eubanks

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

3. Boy or Girl <u>boy</u>	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Jan 17, 1916</u> (Month, day, year)
		5. Number, in order of birth	Full term		



18. Name before marriage MOTHER Emma Eubanks

19. Residence (mailing address) Hawthorne
(If non-resident, give place and State)

20. Color or race wd 21 Age at last birthday 18 (years)

22. Birthplace (city or place) Aitken SC
(State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farm hand

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 1916, 19

26. Total time (years) spent in this work 3 1/2

Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a m, on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 4:30 m, on above date. M. S. Sel
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities None (Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) Fred B. Sel M. D.

or _____ Midwife

Given name added from a supplementary report _____ (Date of)

Address Ellenton SC
Filed Sept 7, 1943 Em Keller Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In cases of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See Instructions on Back of Certificate.)

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