

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.)

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

1. PLACE OF BIRTH

County of Aitken

Township of Silverston

or
Inc. Town of Hawthorne

or
City of R.F.H. - SE

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 210

Registered No. _____
(For use of Local Registrar)

FILE No.—For State Registrar Only

00161

2. FULL NAME OF CHILD

Fred Eubanks

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

3. Boy or Girl

If Plural

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

boy

5. Number, in order of birth

Full term

Married?

Jan 17, 1916
(Month, day, year)

18. Name before marriage

MOTHER

Emma Eubanks

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

Hawthorne

20. Color or race

21. Age at last birthday

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

18 (years)
Aitken SC

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

26. Total time (years) spent in this work

1916, 19

3 1/2

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. K. See
(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.

Given name added from a supplementary report

(Date of)

(Signed) Fred Eubanks, M. D.

or Ellen T. See, Midwife

Address Dept. 7, 1943

Filed Sept 7, 1943 M. K. See Local Registrar

State Registrar