

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Durham  
 Township of Durham  
 Inc. Town of.....  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 30780  
 Registered No. 60  
 (For use of Local Registrar)

Registration District No. 215 Ward.....  
 (No. .... St. ....)

(2) Full Name of Child William C. Eubank  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of child at birth <u>yr</u>	(7) DATE OF BIRTH <u>Feb 3 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>James A. Eubank</u>			(14) NAME BEFORE MARRIAGE <u>Olney Britcher</u>	
(9) PRESENT RESIDENCE OF FATHER <u>2741 Windsor St.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>2741 Windsor St.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)	
(12) BIRTHPLACE <u>Arthur County S.C.</u>			(18) BIRTHPLACE <u>Arthur County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was.....  
 on the date above stated.  
 (23) (Signature) James A. Eubank  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report  
 (26) Witness.....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 8 1923 (28) 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.

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.