

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only

63028

County of Anderson

Township of

Inc. Town of Anderson

City of

Registration District No. 3.07 Registered No. 80
 (For use of Local Registrar)(2) Full Name of Child Mary Eliza Eubank If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 14</u> 191 <u>4</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William A. Eubank

(9) PRESENT POSTOFFICE OF FATHER Winston Salem N.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION machanic

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Withers

(15) PRESENT POSTOFFICE OF MOTHER Winston Salem N.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. E. Eubank M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Home Path

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 25th 1914 (28) L. L. Williams 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.

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FORM NO. 2
 WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

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