

(1) PLACE OF BIRTH

County of YorkTownship of Rock HillIn Town of Rock HillCity of Rock Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 5527 - For State Registrar Only

5527

Registration District No. KKQK Registered No. 11
(For use of Local Registrar)(No. 11 of 11 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Matthew Christine Eubank (If child is not yet named, make supplemental report as directed)(3) SEX Male (4) Age 3 (5) Are Yes No (6) DATE OF BIRTH Feb 12 1928
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Wylie Eubank
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laundry Driver
(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Eva Liss Jackson
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
David A. Brown (Signature) (22) Address of Physician or Midwife

(23) (Signature)

(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 21 is signed by mark)

(27) Filed 3/8 23 (28) James

When there was no attending physician or midwife, then the father, householder, etc., must report in duplicate to the registrar. If a child breathes even once, it must not be reported as stillborn. Report is due on or before the fifth month of pregnancy.