

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

26690

Registration District No. 4404Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child Doris Rebecca

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

(3) BOY OR GIRL Girl(4) Twin or Triplet No(5) Number in order of birth X(6) Are Parents Married Yes(7) DATE OF BIRTH July 30, 22

## FATHER

(8) NAME OF FATHER Harold M. Sturges(9) PRESENT POSTOFFICE OF FATHER Rock Hill, SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE York Co, SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME OF MOTHER William Bill Eubank(15) PRESENT POSTOFFICE OF MOTHER R. H. 27(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE York Co(19) OCCUPATION Dom(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(22) (Signature) Doris Rebecca

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Signed (27) 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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