

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Campobello

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400

File No. — For State Registrar Only

5217

Registered No. 16
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Julia Viola Eubanks

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

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10 1923</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME E. W. Eubanks(9) PRESENT POSTOFFICE OF FATHER Campobello S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Johnson(15) PRESENT POSTOFFICE OF MOTHER Campobello S.C. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 born alive at 5 a M., on the date above stated. (Dead alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Geo. B. Gibson M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(26) Filed Feb 10 1923 (27) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.