

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Casser  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

28776

Registration District No. 388Registered No. 95  
(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 Albert E. Eubank

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

1. BOY OR GIRL boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 27, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

2. FULL NAME S. V. Dover  
 3. PRESENT POSTOFFICE OF FATHER Iva S.C.  
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
 12. BIRTHPLACE Rayman Ga.  
 13. OCCUPATION Farmer  
 20. Number of children born to father, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lela McAnis  
 (15) PRESENT POSTOFFICE OF MOTHER Iva S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 6 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. O. Kinsinger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed Sept 30, 1922

(28)

S. M. McAdams  
 Local Registrar

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 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.