

(1) PLACE OF BIRTH

County of YorkTownship of Rock HillInc. Town of Rock HillCity of Rock Hill

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

File No.—For State Registrar Only
8853

Registration District No. 44.0 Registered No. 07
 (For use of Local Registrar)

City of Rock Hill (No. 26) (Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mattie Christine Eubank If child is not yet named, make supplemental report as directed

(3) Boy or Girl (4) Sex (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 17 1923
 (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 Carbody Driver(14) Number of children born to mother, including present birth 3rd**MOTHER.**(14) NAME BEFORE MARRIAGE Eva Lois Jackson(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (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 alive at 7:15 AM, on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(22) (Signature) David A. Pizarro
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

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

(26) FILED 3/17 (27) 23 (28) 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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