

(1) PLACE OF BIRTH

County of Pickens Sc.Township of Libertyor
Inc. Town ofor
City of Liberty

(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

Registration District No. 3705

File No.—For State Registrar Only

19847Registered No. 82
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>6</u> <u>9</u> <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Alvin E. Eubank(9) PRESENT POSTOFFICE OF FATHER Liberty, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Pickens, S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie A. Garrison(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Wadesboro, N.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Eubank

(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 23 is signed by mark)(27) Filed July 8 19 22 (28) John T. Boggs
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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