

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackvilleor
Inc. Town ofor
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

63150

Registration District No. 504Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Eastman Posey

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

(3) BOY <u>Boy</u>	(4) <u>Male</u> or <u>Female</u> ?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 3, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>?</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Posey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>?</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blackville, S.C., R. F. D.</u>	
(10) COLOR OR RACE <u>?</u>		(11) AGE AT LAST BIRTHDAY <u>?</u> (Years)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>?</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>?</u>			(19) OCCUPATION <u>Farm Help</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ansula S. Culbert Midwife(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Blackville, S.C., R. F. D.

Given name added from a supplemental report

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

(27) Filed June 10, 1916 (28) E. S. Hammond 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK, IN THIS IS A PERMANENT RECORD.
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER No. 2, etc., in question 2.
 McCaw, of Columbia