

N. E.—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.

REGISTRATION DISTRICT

REGISTRAR

CLERK

(1) PLACE OF BIRTH

County of Greenville

Township of Greene

or
Inc. Town of

or
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

43073

Registration District No. 2210 Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child Low Annald Posey

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 31

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brandus Annald

(9) PRESENT POSTOFFICE OF FATHER Greenville #6

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Fanner

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Low Posey

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Cooking

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna M. Kinning

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Midwife Piedmont

Given name added from a supplemental report

191

Registrar

(26) Witness W. J. Riddle (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 28 1910 (28) S. A. Mims 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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