

K O O D

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Township of Knove Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of Registration District No. 2210
 or City of Registered No. 69
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
43073

(2) Full Name of Child Lou 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 (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 31 1910
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Braudus 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 Lou 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
 (21) 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 2 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 24 1910 (28) S. A. Minna 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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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 5.
 Care of Columbia. McChaw.