

MARGIN RESERVED FOR BINDING.

FORM NO. 2

THIS PLACED, WITH UPDATING IN, THIS IS A PERMANENT RECORD.

IN CASE OF DEATH OR OTHER CAUSE OF DEATH, THIS IS A PERMANENT RECORD. IN CASE OF DEATH OR OTHER CAUSE OF DEATH, THIS IS A PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Hudson

Township of Hornea Path

Inc. Town of Hornea Path

City of Hornea Path

(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

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(2) Full Name of Child Eliza Jane Posey

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

(3) BOY OR GIRL Girl

(4) Twin or triplet? No

(5) Number, in order of birth 1

(6) Are Parental Marriages Yes

(7) DATE OF BIRTH 1-5-22

FATHER.

(8) FULL NAME Hascal Posey

(9) PRESENT POSTOFFICE OF FATHER Hornea Path, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Robinson

(15) PRESENT POSTOFFICE OF MOTHER Hornea Path, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Domestic

(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 Alice at 4:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Williams

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

MD

Hornea Path S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 31, 1922 (28) J. A. Williams 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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