

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—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 5.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Highway Creek
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
87642

(2) Full Name of Child Napoleon Gregg If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy **(4) Twin or Triplet?** No **(5) Number in order of birth** 3 **(6) Parents Married?** no **(7) DATE OF BIRTH** Nov. 18, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Don't Know</u>	(14) NAME BEFORE MARRIAGE	<u>Leinah Gregg</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>✓</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Rembert</u>
(10) COLOR OR RACE	<u>✓</u>	(16) COLOR OR RACE	<u>negro</u>
(11) AGE AT LAST BIRTHDAY	<u>✓</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>36</u> (Years)
(12) BIRTHPLACE	<u>✓</u>	(18) BIRTHPLACE	<u>Sumter Co.</u>
(13) OCCUPATION	<u>✓</u>	(19) OCCUPATION	<u>Field Laborer</u>
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive **at** 10.45 **A.M.**,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Reported by J. D. Wright **(24) State whether Physician or Midwife** Midwife **(25) Address of Physician or Midwife** Rembert

Given name added from supplemental report **(26) Witness** W. C. Hallie
(Signature of Witness necessary only when question 23 is signed by mark)

....., 19... **(27) Filed** Nov 19, 1916 **(28)** W. C. Hallie **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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.