

(1) PLACE OF BIRTH

County of Sumter

Township of Stuteburg

Inc. Town of .....

City of .....

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53941

Registration District No. 4109 Registered No. 18

(For use of Local Registrar)

City of birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Truly Rembert } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Mar, 13, 1916</u> (Name of Month) (Day) (Year)
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#### FATHER.

(8) FULL NAME Edmond Rembert

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Eleven

#### MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Gadsen

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth Seven

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. McCall

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filled 3/14 1916 (28) A. J. Neyle  
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.

FORM NO. 10. MICHIGAN REGISTERED FOR BUSINESS. WHERE PLAIN. WITH ENCLAVING. THIS IN A BUSINESS REGISTERED. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER. No. 2. ETC. In question 5. M.C.W. of Columbia