

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Laurensor  
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

20324

Registration District No. 1166Registered No. 60  
(For use of Local Registrar)

## (2) Full Name of Child

James Pembert

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

3. BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets No(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 18 1922  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Pembert

(9) PRESENT POSTOFFICE OF FATHER

Boston S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

farmer

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mable Kendrick

(15) PRESENT POSTOFFICE OF MOTHER

Boston S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

housewife

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mable Kendrick

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Boston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 21 1922

(28)

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.

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.

MCCAM OF COLUMBIA, S. C.