

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Proctorville

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16918

Registration District No. 4186Registered No. 46  
(For use of Local Registrar)

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

## (2) Full Name of Child

Sarah Harst

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>u</u>	(5) Number in order of birth <u>u</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 16, 1922</u> (Name of Month) (Day) (Year)
--------------------------------	--	--	--	--

## FATHER.

(3) FULL NAME William Harst(9) PRESENT POSTOFFICE OF FATHER Rembert SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Sumter SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kinchen(15) PRESENT POSTOFFICE OF MOTHER Rembert SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Sumter SC(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 alive at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Hannah Chatman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rembert SC

Given name added from a supplemental report

(26) Witness M.P. Hardley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 22, 1922 (28) M.P. Hardley 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.

RESERVED FOR FILING. WHEN PLAINLY WITHIN A LINE—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, REPEAT BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

SC 100-10000, COLUMBIA, S. C.