

(1) PLACE OF BIRTH

County of *Marion*Township of *Spring Creek*Inc. Town of *Spring Creek*City of *Spring Creek*

(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

53920

Registration District No. *41.06* Registered No. *17*

(For use of Local Registrar)

(No. St.; Ward)

2) Full Name of Child *Valentine Rembert*

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

(3) BOY OR GIRL? *A*

(4) Twin or Triplet?

(5) Number in order of birth *10*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Mar. 3*(Name of Month) (Day) 191*6* (Year)

FATHER.

(8) FULL NAME *Emile Rembert*(9) PRESENT POSTOFFICE OF FATHER *Haywood SC*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *37*

(Years)

(12) BIRTHPLACE *Rembert Co SC*(13) OCCUPATION *House Laborer*(14) Number of children born to mother, including present birth *10*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucile Reed*(15) PRESENT POSTOFFICE OF MOTHER *Haywood SC*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *26*

(Years)

(18) BIRTHPLACE *Sumter Co SC*(19) OCCUPATION *House Wife*(20) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10* *a* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Emile Rembert*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Haywood SC*

Given name added from a supplemental report

191*6*(26) Witness *W. C. Hallen*

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

(27) Filed *Mar. 1* 191*6*(28) *W. C. Hallen*

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.

fifth month of pregnancy.

(copy from original in pencil.)

Form No. 10. MARION COUNTY, SOUTH CAROLINA. THIS IS A PRELIMINARY REPORT. WHEN FATHER'S NAME IS KNOWN, GIVE IT. WHEN CHILD IS A TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.