

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53920

County of *Marion*

Township of *Spring Hill*

Inc. Town of *Spring Hill*

City of *Spring Hill*

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

(For use of Local Registrar)

(No. *17* St.; *17* Ward)

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

2) Full Name of Child *Valentine Pembert*

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 1916*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *John Pembert*

(14) NAME BEFORE MARRIAGE *Lucile Reed*

(9) PRESENT POSTOFFICE OF FATHER *Haywood SC*

(15) PRESENT POSTOFFICE OF MOTHER *Haywood SC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *Sumter Co SC*

(18) BIRTHPLACE *Sumter Co SC*

(13) OCCUPATION *Wagon Laborer*

(19) OCCUPATION *Home Wife*

(20) Number of children born to mother, including present birth *10*

(21) Number of children of this mother now living, including present birth *7*

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) *Eulene J. JAMES*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife *Haywood SC*

Given name added from a supplemental report

(26) Witness *W. C. Haller*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar 3 1916* (28) *W. C. Haller*
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. MARRIAGES REGISTERED IN THE REGISTRY OF MARRIAGES, PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. THIS IS A PRELIMINARY REPORT. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN ON TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN ON TRIPLETS. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN ON TRIPLETS. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN ON TRIPLETS.