CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 41396

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville

or

Inc. Town of .....

or

City of .....

Registration District No. 5000 Registered No. 59 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child R. W. Rembert

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

(3) BOY OR GIRL

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 5 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Collen Rembert

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

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Cooper

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

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Martha Pickman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bishopville R 2

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 1923 (28) T. W. N. J. Lane 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.

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.

MOTION OF COLUMBIA, COLUMBIA, S. C.