

(1) PLACE OF BIRTH  
County of Sumter  
Township of Providence  
or  
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  
**57789**

Registration District No. 4105 Registered No. 46  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child Burline Rembert } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH April, 18 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Hampton Rembert  
(9) PRESENT POSTOFFICE OF FATHER Providence, S. C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 8

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Susan Sumter  
(15) PRESENT POSTOFFICE OF MOTHER Providence, S. C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mallie M. Bryant  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Providence, S. C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness Mrs. Eva Burkette  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed April 22, 1916 (28) B. M. Laughlin 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.

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