

File No.—For State Registrar Only

County of
Township of
or
Inc. Town of
or
City of

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

19334

Inc. Town of
City of ... *Gaucha S C*

Registration District No. 3006 Registered No. 48
(For use of Local Registrar)

City of Sanctus 6 (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 Ledie Reubert If child is not yet named, make supplemental report as directed

3- SEX OR GIRL? girl (4) Twin or Triplet? And (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 6, 92
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME *Elija Rembert*

9 PRESENT POSTOFFICE OF FATHER *Canden St*

10 COLOR OR RACE *Lat* (11) AGE AT LAST BIRTHDAY *36*
(Years)

12 BIRTHPLACE *SC*

13 OCCUPATION *Farming*

27 Number of children born to mother, including present birth *13*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliclie Betz*

(15) PRESENT POSTOFFICE OF MOTHER *London S.C.*

(16) COLOR OR RACE *Lat* (17) AGE AT LAST BIRTHDAY *27*
(Year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(21) Number of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Na. & up. Malady
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 13 1942 (28) J. V. ... 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.