

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Kaplan Creek
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5357

Registration District No. 4106 Registered No. 6
 (For use of Local Registrar)

City of (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 Artie Hunter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 5 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 7 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ollie Hunter</u>	(14) NAME BEFORE MARRIAGE <u>Phillis Curtis</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Rembert</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Rembert</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Sumter Co.</u>	(15) OCCUPATION <u>Iron Labour</u>	(15) BIRTHPLACE <u>Sumter Co.</u>	(15) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie X Rembert
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rembert

Given name added from a supplemental report

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

(27) Filed Feb 14 1923 (28) W. C. Harker 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.

MARGIN RESERVED FOR REMARKS.
 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 on FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.