

FORM NO. 10. MARGIN RESERVED FOR INDEXING. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.

(1) PLACE OF BIRTH

County of Myrtle

Township of Myrtle Creek

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

50593

Registration District No. 4106

Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Brooks Pembert

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 16 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 5 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Pembert

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

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Field Labour

(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Sanders

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

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Borden S.C.

Given name added from a supplemental report

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

(27) Filed Feb 6 1916 (28) McHallen 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 file)