

In case of twins or triplets, give name of each child, and mark the first-born, No. 1, with official No. 2, etc., in question 8.

# (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name 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

9301

Registration District No. 4104 Registered No. 23  
 (For use of Local Registrar)

## (2) Full Name of Child John Rembert

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

### FATHER

(8) FULL NAME Hampton Rembert  
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 10

### MOTHER

(14) NAME BEFORE MARRIAGE Susan Sumter  
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children 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 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally Hunt (24) State whether Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs Eva Bunketh (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 28 1922 (28) J.B. Rafford Local Registrar

When there was no attending physician or midwife, then 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.