

Form No 1.

# **CERTIFICATE OF BIRTH** STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

87584

(1) PLACE OF BIRTH

County of SumterTownship of Concordor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4100 Registered No. 113  
(For use of Local Registrar)(2) Full Name of Child Clarence Brogdon

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

(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Nov. 28 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Sam Brogdon(9) PRESENT  
POSTOFFICE  
OF FATHER Sumter, S.C.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 40  
(Years)(12) BIRTHPLACE Sumter, C.S.C.(13) OCCUPATION Farming(20) Number of children born to  
mother, including present birth 8

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Vicky Wilder(15) PRESENT  
POSTOFFICE  
OF MOTHER Sumter, S.C.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 24  
(Years)(18) BIRTHPLACE Sumter, C.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 born alive at 5:00 A. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) I. F. Hager(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter, S.C.Given name added from a supplement-  
tal report

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Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 12/4 1916(28) A. J. Nevers  
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 BINDING. THIS IS A PERMANENT RECORD.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, in question 5.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.