

Form No. 1.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Corn ead  
 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  
**57738**

Registration District No. 4100 Registered No. 39  
 (For use of Local Registrar)  
 St.; ..... Ward

(2) Full Name of Child Hester Perry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Female (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH April 28, 1914  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Frank Perry  
 (9) PRESENT POSTOFFICE OF FATHER Brookston S C  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE Sumter Co  
 (13) OCCUPATION farming  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alma Brogdon  
 (15) PRESENT POSTOFFICE OF MOTHER Brookston S C  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Sumter Co  
 (19) OCCUPATION house wife  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at ..... at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillis S. Scott  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brookston S C

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness W. H. Finney (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 1, 1914 (28) W. H. Finney Local Registrar

MARGIN RESERVED FOR BINDING.  
 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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCav. of Columbia.

\*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.