

Form No 1.

(Copy from original in parcel.)

## (1) PLACE OF BIRTH

County of SumterTownship of Concordor  
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

44751

Registration District No. 4-100 Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child Ella Brogdon

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 28 1915

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Brogdon(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Lyman(15) PRESENT POSTOFFICE OF MOTHER Sumter

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

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to mother, including present birth { 4 }(21) Number of children of this mother now living, including present birth { 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Richardson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Heater Brogdon  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 2 1915 (28) Chas. E. Potts  
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.

WHITE 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.

McCall of Columbia.