

(1) PLACE OF BIRTH

County of *Sumter*

Township of .....

or Inc. Town of .....

or City of *Sumter*

(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  
**79391**

Registration District No. *41a* Registered No. *158*

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child *Addie Seaman*

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *2* (5) Number in order of birth *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 10, 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Charles J. Seaman*

(9) PRESENT POSTOFFICE OF FATHER *Sumter S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Physician*

(14) Number of children born to mother, including present birth *2*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Groce Brogdon*

(15) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *29* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *wife*

(21) Number of children of this mother now living, including present birth *2*

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

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

(23) (Signature) *[Signature]*

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

Given name added from a supplemental report

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Registrar

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

(27) Filed *Over* 1916 (28) *W. J. McKee* 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.

D A K S . A E T Y