

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
92051

(1) PLACE OF BIRTH

County of Sumter
Township of Sumter
or
Inc. Town of Country
or
City of Home
(If birth occurs in a hospital or other institution, give name of street and number.)

Registration District No. 408 Registered No. 192
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child

Sharon Brigman

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27</u> 19 <u>46</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Jim Brigman

(9) PRESENT POSTOFFICE OF FATHER Sumter

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Eleece

(13) OCCUPATION Plumber

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Withers

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Sumter

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agnes J. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness Marion Withers
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 27 1946, (28) Agnes J. ... 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.

*WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE, 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.