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MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		00243	
Township of <u>Hall</u>		Registration District No. ....		Registered No. ....	
or Inc. Town of .....		St. ....		(For use of Local Registrar)	
or City of .....		(No. ....)		Ward .....	
(If birth occurs in a hospital or other institution give name of same instead of street and number)					
2. FULL NAME OF CHILD <u>Seldan Berkley Adams</u>				If child is not yet named, make supplemental report as directed.	
3. Boy or Girl <u>A</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married?.....
8. Date of birth <u>Aug. 8, 1942</u>		19..... (Month, day, year)			
9. Full name <u>FATHER</u> <u>Stacy Adams</u>			18. Name before marriage <u>MOTHER</u> <u>M. E. Clinkscales</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u><del>Anderson, S.C.</del></u>			19. Residence (mailing address) (If non-resident, give place and State) <u>205 Mauldin St. Anderson, S.C.</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>43</u> (years)		20. Color or race <u>Negro</u>	
13. Birthplace (city or place) (State or country) <u>Pa., S.C.</u>		21. Age at child's birth <u>25</u> (years)		22. Birthplace (city or place) (State or country) <u>Level Sand, S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>✓</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....		
16. Date (month and year last) engaged in this work <u>all life</u> , 19.....			17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work....., 19.....
26. Total time (years) spent in this work.....			27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... <u>3</u> (b) Born alive but now dead..... (c) Stillborn.....		
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		Before labor..... During labor.....	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
I hereby certify to the birth of this child, who was <u>Born alive</u> at <u>2 o'clock P.</u> m. on the date above stated. (Born alive or stillborn)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)			(Signed) <u>M. E. Clinkscales Adams</u> , Parent		
Given name added from a supplementary report..... (Date of) .....			or....., Guardian		
Registrar.....			Address <u>205 Mauldin St. Anderson, S.C.</u>		
Registrar.....			Filed <u>2-12, 1942</u> <u>M. B. Woodland, M.D.</u> Registrar.		