

Form No. 1

## (1) PLACE OF BIRTH

County **SUMTER S.C.**

Township of .....

Inc. Town of .....

City **SUMTER S.C.**
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. for State Registrar Only

12150

Registration District No. ....

Registered No. .... 62  
(For use of Local Registrar)(No. **15 William St.** St.; ..... Ward)(2) Full Name of Child **John Adamson** If child is not yet named, make supplemental report as directed
 (3) BOY OR GIRL **Boy** (4) Twin or Triplet ☒ (5) Number in order of birth ☒ (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Apr 3, 23**  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Charley Adamson**(9) PRESENT POSTOFFICE OF FATHER **Sumter S.C.**(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **43** (Year)(12) BIRTHPLACE **Florence S.C.**(13) OCCUPATION **Waiter Hotel**(14) Number of children born to mother, including present birth **2**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Annie Adamson**(15) PRESENT POSTOFFICE OF MOTHER **Sumter S.C.**(16) COLOR OR RACE **Florence S.C.** (17) AGE AT LAST BIRTHDAY **19** (Year)(18) BIRTHPLACE **Florence S.C.**(19) OCCUPATION **Housewife**(20) Number of children of this mother now living, including present birth **1**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **2:30 PM** at ..... M., on the date above stated. (Marking as stillborn) (Hour A. M. or P. M.)(22) (Signature) **Annie Lewis** (23) Address of Physician or Midwife **529 W. Harris St.**(24) State whether Physician or Midwife **midwife**

Given name added from a supplemental report

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

(26) APR 5 1923 (27) Local Registrar **A. O. Browning**
 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.