

Not Reg.
In Hall
No Money
2-7-49

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.

23 048063

FILE NO. 05797 only

U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Birth

1. PLACE OF BIRTH
County of Sumter
Township of
or
Inc. Town of
or
City of

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

Registration District No. 4106 Registered No.
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Manzie Adamson } If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births { 4. Twins, triplets or other 5. Number, in order of birth
6. Premature Full term X 7. Are Parents Married? No 8. Date of birth Dec. 21 1923
(Month, day, year)

9. Full name FATHER 18. Name before marriage MOTHER
Rosa Adamson
10. Residence (mailing address) (If non-resident, give place and State) Hagood, S.C.
19. Residence (mailing address) (If non-resident, give place and State) Hagood, S.C.

11. Color or race 12. Age at last birthday (years)
20. Color or race Col 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or country)
22. Birthplace (city or place) (State or country) Sumter County, SC

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farm work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth
Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 12:12 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rosa Adamson Parent
or Guardian

Given name added from a supplementary report
(Date of)

Address
Filed Feb. 14, 1949 Thos. P. Lesesne Local Registrar fc

State Registrar