

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.

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

1. PLACE OF BIRTH

County of Sumter  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 4106

23 048063

FILE NO.

only

05797

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. 24 1923  
(Month, day, year)

9. Full name FATHER

10. Residence (mailing address) \_\_\_\_\_  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)

13. Birthplace (city or place) \_\_\_\_\_  
(State or country) \_\_\_\_\_

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 \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage MOTHER  
Rosa Adamson

19. Residence (mailing address) \_\_\_\_\_  
(If non-resident, give place and State) Hagood, S.C.

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

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

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 \_\_\_\_\_, 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 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.)

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

State Registrar

(Signed) Rosa Adamson Parent  
or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

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