

16 093599

Standard Certificate of Birth

FILE No.—For State Registrar Only
00295

1. PLACE OF BIRTH
County of Florence
Township of
or
Inc. Town of
or
City of Florence
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 20-A

Registered No.
(For use of Local Registrar)

(No. 630 Commanslee St) Ward)
If child is not yet named, make supplemental report as directed.

2. FULL NAME OF CHILD Eula Mae Dyson

3. Boy or Girl Girl If Plural Births 4. Twins, triplets or other 5. Number, in order of birth 6. Premature Full term Yes 7. Are Parents Married? Yes 8. Date of birth June 14, 1916
(Month, day, year)

9. Full name FATHER
Moses Dyson

18. Name, before marriage MOTHER
Edith Palmer

10. Residence (mailing address) 630 Commanslee Street
(If non-resident, give place and State)

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(If non-resident, give place and State)

11. Color or race Col 12. Age at child's birth 25 (years)

20. Color or race 21. Age at child's birth 19 (years)

13. Birthplace (city or place) Pinebluff S.C.
(State or country)

22. Birthplace (city or place) Florence, S.C.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. H. wife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

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 June 14, 1916

25. Date (month and year last) engaged in this work June 14, 1916

17. Total time (years) spent in this work 10 26. Total time (years) spent in this work 1 1/4

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 alive at 4 P.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) Edith Dyson, Parent

Given name added from a supplementary report
(Date of)

or Guardian
Address 630 Commanslee St
Florence S.C.

Filed Dec. 18, 1940. M.B. Woodward, M.D.
Registrar.

Registrar.

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)