

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>Florence</u>		STATE OF SOUTH CAROLINA		00295	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>20-A</u>		Registered No.	
or		(No. <u>630 Commanslee St</u>)		(For use of Local Registrar)	
City of <u>Florence</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Ward)	
2. FULL NAME OF CHILD <u>Eula Mae Dyson</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature <u>Yes</u>	7. Are Parents Married? <u>Yes</u>
8. Date of birth <u>June 14</u> , 19 <u>16</u>		(Month, day, year)			
9. Full name <u>Moses Dyson</u>		FATHER		18. Name, before marriage <u>Edith Palmer</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>630 Commanslee St</u>		MOTHER		19. Residence (mailing address) (If non-resident, give place and State) <u>630 Commanslee St</u>	
11. Color or race <u>Col</u>	12. Age at child's birth <u>25</u> (years)	20. Color or race	21. Age at child's birth <u>19</u> (years)		
13. Birthplace (city or place) (State or country) <u>Pine-wood S.C.</u>		22. Birthplace (city or place) (State or country) <u>Florence, S.C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>H. wife</u>	
16. Date (month and year last) engaged in this work <u>June 14</u> , 19 <u>16</u>		17. Total time (years) spent in this work <u>10</u>		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 <u>June 14</u> , 19 <u>16</u>		26. Total time (years) spent in this work <u>1 1/4</u>			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation		months	29. Cause of stillbirth	Before labor	
weeks				During labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>born alive</u> at <u>4 P.M.</u> 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>Edith Dyson</u> , Parent			
Given name added from a supplementary report		or			
(Date of)		Address <u>630 Commanslee St</u>			
		Filed <u>Dec. 18</u> , 1940 <u>M.B. Woodward, M.D.</u>			
		Registrar.			