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FILE No.—For State Registrar Only  
00296

1. PLACE OF BIRTH  
County of Florence **Standard Certificate of Birth**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Township of.....  
or  
Inc. Town of..... Registration District No. 20-a Registered No.....  
or  
City of Florence (No. 400 S Harbor) (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward

2. FULL NAME OF CHILD James David Dunaway If child is not yet named, make supplemental report as directed.

3. Boy or Girl If Plural Births  4. Twin, triplet or other  5. Number, in order of birth 1 6. Premature  Full term  7. Are Parents Married?  8. Date of birth Oct 4, 1940 (Month, day, year)

9. Full name B L Dunaway FATHER 18. Name before marriage Emmie Brown MOTHER

10. Residence (mailing address) Florence (If non-resident, give place and State) 19. Residence (mailing address) Florence (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 21 (Years) 20. Color or race W 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) Georgia (State or country) 22. Birthplace (city or place) Georgia (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was 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 19 17. Total time (years) spent in this work 19 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 19

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,  months  weeks 29. Cause of stillbirth..... Before labor  During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:30 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) H. K. Wood, M.D.

Given name added from a supplementary report.....  
(Date of)

or..... Midwife.

Address Florence

Filed Dec. 16, 1940. M. B. Woodward, MD  
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)