

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)

16 093600

1. PLACE OF BIRTH County of <u>Greenville</u> Township of _____ or Inc. Town of _____ or City of <u>Greenville</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>20-a</u> Registered No. _____ (For use of Local Registrar) (No. <u>400 S. Harbor</u> Ward)		FILE No.—For State Registrar Only 00296
2. FULL NAME OF CHILD <u>James David Dunaway</u> If child is not yet named, make supplemental report as directed.				
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twin, triplet or other <u>✓</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>✓</u>
7. Are Parents Married? <u>yes</u>		8. Date of birth <u>Oct 4</u> , 19 <u>16</u> (Month, day, year)		
9. Full name <u>B. L. Dunaway</u> FATHER		10. Name before marriage <u>Emmie Brown</u> MOTHER		
11. Residence (mailing address) <u>Greenville</u> (If non-resident, give place and State)		12. Residence (mailing address) <u>Greenville</u> (If non-resident, give place and State)		
13. Color or race <u>W</u>	14. Age at last birthday <u>21</u> (Years)	15. Color or race <u>W</u>	16. Age at last birthday <u>22</u> (Years)	
17. Birthplace (city or place) <u>Georgia</u> (State or country)		18. Birthplace (city or place) <u>Georgia</u> (State or country)		
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>		20. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>		
23. Date (month and year) last engaged in this work <u>19</u>		24. Date (month and year) last engaged in this work <u>19</u>		
25. Total time (years) spent in this work <u>✓</u>		26. Total time (years) spent in this work <u>✓</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, <u>✓</u> months _____ weeks _____		29. Cause of stillbirth <u>✓</u> Before labor <u>✓</u> During labor <u>✓</u>		

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.

or _____ Midwife.

Address Greenville S.C.

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

Registrar.