

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.)

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

1. PLACE OF BIRTH

County of Dillon  
Township of \_\_\_\_\_  
or  
Inc. Town of Dillon S.C.  
or  
City of \_\_\_\_\_  
(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. 16-a Registered No. \_\_\_\_\_  
(For use of Local Registrar)

16 093513

FILE No.—For State Registrar Only

00169

2. FULL NAME OF CHILD Mary Minnie Dunn

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth Sept 7, 1916  
(Month, day, year)

9. Full name FATHER  
Robert Howard Dunn

18. Name before marriage MOTHER  
Mary Caroline Fullock

10. Residence (mailing address)  
(If non-resident, give place and State) Dillon S.C.

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

11. Color or race W 12. Age at child's birth 52 (years)

20. Color or race W 21. Age at child's birth 24 (years)

13. Birthplace (city or place)  
(State or country) Chattam County N.C.

22. Birthplace (city or place)  
(State or country) Robinson County, N.C.

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House-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 \_\_\_\_\_

17. Total time (years) all 1 spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

26. Total time (years) all 11 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 3 (b) Born alive but now dead None (c) Stillborn now

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 \_\_\_\_\_ 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.

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

(Signed) Mary Caroline Dunn, Parent

or \_\_\_\_\_, Guardian

Address Emporia, Va Route 2.

Filed July 9, 1914 L. A. Biser, M.D.  
Registrar.

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