

7-6-46 092864

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 207

FILE No.—For State Registrar Only

03835

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

## 1. PLACE OF BIRTH

County of Aiken  
Township of Millbrook  
or  
Inc. Town of Windsor  
or  
City of South Carolina(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. At home St. \_\_\_\_\_ Ward \_\_\_\_\_)2. FULL NAME OF CHILD. Selma Dicks Hill

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

3. Boy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet or other one 6. Premature \_\_\_\_\_ Full term  7. Are Parents Married? Yes 8. Date of birth April 12 1946  
(Month, day, year)9. Full name Wade Hampton Dicks FATHER18. Name before marriage Selma Eugenia Tyler MOTHER10. Residence (mailing address) (If non-resident, give place and State) Windsor, S.C.19. Residence (mailing address) (If non-resident, give place and State) Windsor, S.C.11. Color or race white 12. Age at child's birth 89 (years)20. Color or race white 21. Age at child's birth 31 (years)13. Birthplace (city or place) (State or country) Windsor, Aiken Co. S.C.22. Birthplace (city or place) (State or country) Windsor, Aiken Co. S.C.OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 32OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) 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 5 (b) Born alive but now dead 0 (c) Stillborn 028. 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 \_\_\_\_\_ at \_\_\_\_\_ 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.

Given name added from a supplementary report. One day after birth 1-14-46 (Date of) \_\_\_\_\_ or \_\_\_\_\_  
(Signed) Selma Eugenia Tyler Dicks, Parent  
Address 322 W. Mesopotamia St. Lakeland, Fla. Guardian

Registrar. \_\_\_\_\_

Filed July 25, 1946 W. B. Williams  
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.)