

7-6-16 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 HikenTownship 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.;2. FULL NAME OF CHILD Selma Dicks Hill

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other... <u>one</u>	5. Number, in order of birth...	6. Premature... Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April, 12</u> 19 <u>16</u> (Month, day, year)
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9. Full name <u>Wade Hampton Dicks</u>	FATHER
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18. Name before marriage <u>Selma Eugenia Tyler</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Windsor, S.C.</u>
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19. Residence (mailing address) (If non-resident, give place and State) <u>Windsor, S.C.</u>
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11. Color or race <u>white</u>	12. Age at child's birth <u>89</u> (years)
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20. Color or race <u>white</u>	21. Age at child's birth <u>31</u> (years)
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13. Birthplace (city or place) (State or country) <u>Windsor, Hiken Co. S.C.</u>
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22. Birthplace (city or place) (State or country) <u>Windsor, Hiken Co. S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
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23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House wife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>
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24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
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16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>32</u>
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25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>
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28. If stillborn, period of gestation <u>✓</u> (months weeks)	29. Cause of stillbirth <u>✓</u>	Before labor <u>✓</u> During labor <u>✓</u>
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## 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 of the children 1-442  
(Date of)

(Signed) Selma Eugenia Tyler Dicks, Parent

Guardian

Address 322 W. Main St., Lakeland, Fla.Filed July 25, 1916 in S. C. Windsor  
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.)