

#7736  
7/29/47

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.

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

1. PLACE OF BIRTH

County of **Spartanburg**  
Township of.....  
or  
Inc. Town of.....  
or  
City of **Wallford, S. C., Rt. No. 3**

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. **4000-0**

F1

22 050426

Registrar Only

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

2. FULL NAME OF CHILD **Elwillie Dunn**

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

3. Boy or Girl

**Boy**

If Plural  
births

4. Twins, triplets or other.....

5. Number, in order of birth.....

6. Premature.....

Full term.....

7. Are Parents

Married? **Yes**

8. Date of

birth **Sept. 16, 1922**  
(Month, day, year)

9. Full  
name

**FATHER**

**Arthur Dunn**

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

11. Color or race **Col.**

12. Age at last birthday **52** (years)

13. Birthplace (city or place) **Union County**  
(State or country)

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

**Farming**

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

16. Date (month and year) last  
engaged in this work

17. Total time (years) **Life**  
spent in this work

18. Name before  
marriage

**MOTHER**

**Sophia Fowler**

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

20. Color or race **Col.**

21. Age at last birthday **35** (years)

22. Birthplace (city or place) **Union County**  
(State or country)

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

**Housework**

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.

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

26. Total time (years) **Life**  
spent in this work

27. Number of children of this mother **9th**  
(At time of birth and including this child)

28. If stillborn,  
period of gestation.....

months  
weeks

29. Cause of stillbirth..... (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

Before labor.....  
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

**Lila Evans the attending midwife and deceased.**

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

(When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.)

Given name added from **Mother & Father deceased.**  
a supplementary report.....

(Date of)

State Registrar

Older Sister **Floya Dunn Waddell**

Guardian

Address **Duncan, S. C., Rt. No. 41**

Filed **7-31-** **1947** **Thos. E. Lesano**  
Local Registrar