

1. PLACE OF BIRTH

County of Spartanburg
 Township of Rock Spring
 or
 Inc. Town of Arctic
 or
 City of Arctic

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

FILE 22 050395 far Only

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Paula Marie Dunn (No. DUNN St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number) (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl If Plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? yes
 5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of birth Dec. 18 1922
 (Month, day, year)

9. Full name FATHER DUNN
Alphus Dunn
 10. Residence (usual place of abode) Arctic
 (If nonresident, give place and State)

18. Full maiden name MOTHER Mrs. Verna Gannell
 19. Residence (usual place of abode) Arctic
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (Years)

20. Color or race W 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) Troy
 (State or country) S.C.

22. Birthplace (city or place) Marshall
 (State or country) N.C.

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House W.

15. Industry or business in which work was 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) spent in this work _____

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 this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____

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 that I attended the birth of this child, who was alive at 4 am. 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) W.B. Lauriston, M. D.

Give name added from a supplemental report _____ (Date of) _____

or _____, Midwife

Address Spartanburg, S.C.

Filed 4/13/42, 19 _____ Registrar, V.C.

J. W. Plyler, Director of Vital Statistics
 Spartanburg County, S. C. By: BRP

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of a stillbirth, the physician or midwife should make this return to the registrar.

(See Instructions on Back of Certificate)