

1. PLACE OF BIRTH

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE

22 050395

For Only

Registered No. _____

(For use of Local Registrar)

(No. DUNN St. _____ Ward _____)

2. FULL NAME OF CHILD

James Duane Dunn

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

3. Boy or Girl Boy

If Plural births

4. Twin, triplet, or other

5. Premature

7. Legiti-

8. Date of birth

Dec. 18, 1922

5. Number, in order of birth

Full term

mate? yes

(Month, day, year)

9. Full name

FATHER DUNN

18. Full maiden name

MOTHER

Leopoldus Dunn

Miss Lerna Gannell

10. Residence (usual place of abode)

(If nonresident, give place and State) Archie

19. Residence (usual place of abode)

(If non-resident, give place and State) Archie

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)

Archie

22. Birthplace (city or place)

Marshall N.C.

(State or country)

(State or country)

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.

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

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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

19

19

19

19

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 One

(c) Stillborn

28. If stillborn, period of gestation

{ months weeks

29. Cause of stillbirth

Before labor

During labor

During labor

During 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 a.m. on the date above stated.

(Born alive or stillborn)

(Signed) W.B. Lauer, M. D.

or _____, Midwife

Address Spartanburg, S.C.

Filed 4/13/42, 19 42

J.W. Plyler, Director

(Date of)

Registrar.

J.W. Plyler, Director of Vital Statistics
Spartanburg County, S.C. By: B.R.P.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case there is a child, a separate return must be made for each, and the number of each, in order of birth, stated.
(See Instructions on Back of Certificate)