

## (1) PLACE OF BIRTH

County of Spartanburg

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics

File No.—For State Registrar Only

8592

## (2) PLACE OF BIRTH

County of Spartanburg

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8591

Township of Spartanburg

or

Inc. Town of Spartanburg

or

City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wesley Willis Jr.

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

(3) SEX Boy(4) Type or Trade 1(5) Number in order of birth 1(6) Age you(7) DATE OF BIRTH Feb. 24 1943(8) NAME OF MOTHER Bessie G. Johnston(9) PRESENT RESIDENCE OF FATHER C. Clifton S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE Spartanburg Co. S.C.(13) OCCUPATION Textile work(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 4(15) NAME OF MOTHER Bessie G. Johnston(16) PRESENT RESIDENCE OF MOTHER C. Clifton S.C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 22(19) BIRTHPLACE Haywood Co. N.C.(20) OCCUPATION Housewife(21) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BIRTH 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) Mary Harris(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife C. Clifton S.C.(26) Given name added from a supplemental report Thomas Phisene(27) Date 7/9/43(28) Registrar 19(29) Filed Mar. 15 1943(30) Local Registrar Mrs. C. F. Garber

(31) If a child dies before the fifth month of pregnancy, it must not be reported as such.

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(41) If a child dies before the fifth month of pregnancy, it must not be reported as such.

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