

(1) PLACE OF BIRTH

County of *Sp. H. H.*Township of *11.7*or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44285

Registration District No. *4008*Registered No. *651*

(For use of Local Registrar)

(2) Full Name of Child *Clara Delores Wiley*

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

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 22 1924</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Clara Wiley</i>			(14) NAME BEFORE MARRIAGE <i>Rosa Hursey</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Clinton S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Clinton S.C.</i>	
(10) COLOR OR RACE <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)	(16) COLOR OR RACE <i>W.</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>W.C.</i>	
(13) OCCUPATION <i> cotton mill</i>			(19) OCCUPATION <i>D.</i>	
(20) Number of children born to mother, including present birth <i>4</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *S.P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. H.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Camp

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 25 1924* (28) *W. H. H.* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

Personally appeared before me Mrs. Rosa Worley, who first being duly sworn says that she is the mother of Claud Tillman Worley, who was born at Clifton, S. C. on September 20, 1923, and inasmuch as his name does not appear in the record of his birth, ask that the name Claud Tillman Worley be inserted therein.

Sworn to before me this
4th day of December, 1941.

Mrs Rosa Worley

Walter B. Riley
Notary Public for S. C.

Name of Child, Claude Tillman Worley,
Place of birth, Clifton S. C.
Date of birth, Sept 20, 1923,
Name of father, Claude Worley,
Name of mother before marriage, Rosa Huskey,
Dr. A. T. Martin,

(1) PLACE

County of

Township

or

Inc. Town

or

City of

(if bl

(2) Fall N

(3) BOY OR
GIRL? ☒

(5) FULL
NAME

(6) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPL

(13) OCCUPAT

(14) Number of
mother, in

(22) I heret
or

Given name

*When there
a child brea

*When there
If a child

FORM NO. 4
MAINTAIN SEPARATE RECORDS FOR EACH CHILD
WRITE PLAINLY. WITH UNIFORMITY. THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
Cav. of Columbia