

(1) PLACE OF BIRTH

County of HamptonTownship ofor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4552

Registration District No. 2402Registered No. 70
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Bonnie Wiley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Age Parents Married? yes (7) DATE OF BIRTH Jul 11 1922
(Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Walter Wiley(9) PRESENT POSTOFFICE OF FATHER Brunson(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Hampton(13) OCCUPATION Grooming(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Pink Dickerson(15) PRESENT POSTOFFICE OF MOTHER Brunson(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Hampton(19) OCCUPATION Cooking(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss M. Sallie Wiley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Brunson

Given name added from a supplemental report

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

(27) Filed July 13 1922 (28) Local Registrar W. Rogers

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