

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**6452**

**(1) PLACE OF BIRTH**

County of Anderson

Township of Forks

or  
Inc. Town of .....

City of .....

Registration District No. B.05

Registered No. 34  
(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** Alonso Wiley If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12, 22  
(Name of Month) (Day) (Year)

**FATHER.** Wiley  
(8) FULL NAME Will Wiley  
(9) PRESENT POSTOFFICE OF FATHER Townville S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33  
(Year)  
(12) BIRTHPLACE Anderson Co S.C.  
(13) OCCUPATION Farmer  
(22) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Hattie Connor  
(15) PRESENT POSTOFFICE OF MOTHER Townville S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27  
(Year)  
(18) BIRTHPLACE Anderson Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. M. Habron mid (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....

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

(27) Filed May 10, 22 (28) J. M. Habron mid 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 must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.