

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(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

Registration District No.

Registered No. 440
(For use of Local Registrar)(2) Full Name of Child Permitt Wiley

(3) SEX OF CHILD Boy (4) Type of Twin yg (5) Number in order of birth yg (6) Are Parents Married yg (7) DATE OF BIRTH Dec 13 1923
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Arthur Alexander (9) PRESENT POSTOFFICE OF FATHER Anderson (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year) (12) BIRTHPLACE S.C. (13) OCCUPATION Medic
MOTHER. (14) NAME BEFORE MARRIAGE Lucile Scott (15) PRESENT POSTOFFICE OF MOTHER Anderson (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year) (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or 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 Dec 21 1923 (28) F. B. CRAYTON 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.

(Date of)

Address Route 2, Anderson
Filed AUG. 20, 19 41 K. B. [Signature]

Registrar