

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050864

City of Birth **ELLOREE** County of Birth **CALHOUN**

Name at Birth **WILLIAM HAZEL WILES** Sex **MALE** Date of Birth **SEPT. 13, 1922**

FATHER

Full Name **CHARLIE W. WILES** Race or Color **WHITE**

Birth Date **OCT. 10, 1889** Place of Birth **S. C.** State or Country

MOTHER

Maiden Name **ROSA H. HUNGERPILLER** Race or Color **WHITE**

Birth Date **AUG. 01, 1894** Place of Birth **S. C.** State or Country

The above statements are true to the best of my knowledge and belief

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

William H. Wiles
(Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this

12th

day of

May

1981

at

Calhoun South Carolina
(County) (State) (L.S.)

Vivian J. Carson
Notary Public

NOTARY
SEAL

My Commission expires **My Commission Expires May 23, 1988**

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Orig. Social Security App. #248-36-9478	Baltimore, Md.	10-43
2 Discharge Army Serial No. 44-096-231	Fort Dix, N. J.	Feb. 4, 1947
3 Record-Driver's License #0471964	Columbia, S. C.	6-14-61
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 9-13-22	Elloree, Calh. S. C.	Charlie W. Wiles	Rosa H. Hungerpiller
2 9-13-22	Elloree, S. C.		
3 9-13-22			
4			

I hereby certify that no prior birth certificate is on file for the person named on this delayed birth certificate.

Registrar

Ann Owens
May 20, 1981

Date filed:

I have reviewed the evidence submitted to establish the facts of birth. The abstract of the evidence appearing above accurately reflects the nature and contents of the document.

Dorothy B. Dajum, Clerk III
Signature and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE