

PLACE OF BIRTH

County of York

Municipality of

City of

Town of

St. of

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

Full Name of Child Ally Sue Rayne

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16255

Registration District No. 44BRegistered No. 188

(For use of Local Registrar)

St. of

Ward)

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

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH May 24 1923
(Name of Month) (Day) (Year)

FATHER.

Full Name George Walter RaynePresent Post Office of Father York Hill, S.C.Color or Race W (11) AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE

OCCUPATION

Number of children born to

both, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ella (Luddleton)(15) PRESENT POSTOFFICE OF MOTHER York Hill, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born at York Hill, S.C. as P.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife York Hill, S.C.

Name added from a supplemental report

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

(27) Filed 6/1/23 (28) J. R. Miller Local Registrar

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

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