1.

) PLACE OF BIRTH

unty of Orangeburg

wnship of Middleton

OR

. Town of .....

OR

y of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only: 20745

Registration District No. 3620 Registered No. 77
(For use of Local Registrar)

) Full Name of Child Wm. Rayner

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

(1) Sex of Child	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	July 27, 1923 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.	MOTHER.
FULL NAME: Wallace Rayner	(14) NAME BEFORE MARRIAGE: Annie Lenn
PRESENT POSTOFFICE OF FATHER: Ronneville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER: [redacted]ville, S.C.
COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Orangeburg Co.	(18) BIRTHPLACE: Orangeburg Co.
OCCUPATION: Farmer	(19) OCCUPATION: Domestic
Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariah Softer

(24) State whether Physician or Midwife: MIDWIFE

(25) Address of Physician or Midwife: Ronneville, S.C.

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

(27) Filed 10-3-23 etc .... (28) W. H. Dukes, Local Registrar.

n name added from a supplemental report

.....

..... 19 ....
Registrar

* If 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.