

(1) PLACE OF BIRTH

County of York

Township of .....

or Inc. Town of .....

City of Rock Hill

(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

No. 5497 - For State Registrar Only

Registration District No. 4413 Registered No. 30  
For use of Local Registrar

(No. 69 Adams St St. 4 Ward)

(2) Full Name of Child Amiel Elmer Railey Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD M (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 14 1923  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Amiel E. Railey

(9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 26 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Althea Gibson

(15) PRESENT POSTOFFICE OF MOTHER "

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. D. Hay Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rock Hill S. C.

Given name added from a supplemental report

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

(27) Filed 3/5/23 (28) J. Amiel 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.

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W. W. B. ... No. 1 ...