

1) PLACE OF BIRTH

County of York  
Township of .....

City of Rock Hill, S.C.  
(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

16330

Registration District No. 44B Registered No. 40  
(For use of Local Registrar)

Full Name of Child Kay Willard Raudle } If child is not yet named, make supplemental report as directed

POY OR (4) Twin or triplet? none (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1923  
(Name of Month) (Day) (Year)

**FATHER.**

FULL NAME Walter Russell Raudle

PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.

COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Winthrop, S.C.

OCCUPATION Teacher

Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ignacio Blanks

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION House

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. B. Raudle

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

For name added from a supplemental report

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

(27) Filed 6/10 1923 (28) J. R. M. M. Local Registrar

When 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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