

(1) PLACE OF BIRTH

County of *Charleston*Township of *South Spring*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

12026

Registration District No. *4204*Registered No. *9*
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child *Delancey Ray*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

(5) Number in order of birth *7th*(6) Are Parents Married *yes*

(7) DATE OF BIRTH

Feb 23 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Earl M. Ray*(9) PRESENT POSTOFFICE OF FATHER *Arcadia*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *24*
(Years)(12) BIRTHPLACE *D.C.*(13) OCCUPATION *Police car driver*(14) Number of children born to mother, including present birth *Seven*

MOTHER.

(14) NAME BEFORE MARRIAGE *Violet Cody*(15) PRESENT POSTOFFICE OF MOTHER *Arcadia*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *D.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born alive* at *6:30 AM.*
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) *D. F. Hugston M.D.*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Arcadia, S.C.*

Given name added from a supplemental report

(25) Witness

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

(26) Filed *Mar 1 1927*

(27)

D. B. Moore
Local Registrar

Registrar

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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