

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Floris

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

(2) Full Name of Child Agnes Corinne Delaney (If child is named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 12 1922

FATHER (8) FULL NAME Frank B. Delaney (9) PRESENT POSTOFFICE OF FATHER Floris (10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 29 (12) BIRTHPLACE Port Jervis, N.Y. (13) OCCUPATION Express Messenger

MOTHER (14) NAME BEFORE MARRIAGE Cora Crockett (15) PRESENT POSTOFFICE OF MOTHER Floris (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (18) BIRTHPLACE Augusta Ga (19) OCCUPATION House wife (20) Number of children born to mother, including present birth 4 (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 above 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hester (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Floris

Given name added from a supplemental report

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

(27) Filed 9-12-1922 (28) P. H. Busham 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30129

Registration District No. 20 A Registered No. 215

(For use of Local Registrar)

(No. 217 Gifford; 2 Ward)