

(1) PLACE OF BIRTH

County of Allendale  
Township of Wilson  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

No. - For State Registrar Only  
**19722**

Registration District No. 4603 Registered No. 28  
(For use of Local Registrar)

City of ..... (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 Harry Devor Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Bo</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 21 1925</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Harry Devor</u>	14) NAME BEFORE MARRIAGE <u>Merini Maner</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Barton SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Barton SC</u>			
10) COLOR OR RACE <u>Colored</u>	11) AGE AT LAST BIRTHDAY <u>41</u> (Year)	16) COLOR OR RACE <u>Colored</u>	17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
12) BIRTHPLACE <u>Allendale Co SC</u>		18) BIRTHPLACE <u>Allendale Co SC</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>4</u>		21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Timothy Green  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wilmington NC

Given name added from a supplemental report	(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>July 11 1925</u> (28) <u>Green</u> 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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