

(1) PLACE OF BIRTH

County of Aiken
 Township of Whitquapin
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 68 — For State Registrar Only

68

Registration District No. 2.02 ... Registered No.
 (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 Luna Devore

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

(a) SEX OR
SEX Female (b) Twin
or Triplet No (c) Number in
order of birth 10 (d) Are
Twin
Marked Yes (e) DATE OF
BIRTH Jan. 21, 1925
(Month) (Day) (Year)

FATHER.

(8) FULL
NAME Walter Devore(9) PRESENT
RESIDENCE
OF FATHER Sauwara S. C.(10) COLOR
OR
RACE Black (11) AGE AT LAST
BIRTHDAY 39
(Year)(12) BIRTHPLACE
Aiken Co. S. C.(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth 10

MOTHER.

(14) NAME BEFORE
MARRIAGE Minnie Lee(15) PRESENT
RESIDENCE
OF MOTHER Sauwara S. C.(16) COLOR
OR
RACE Black (17) AGE AT LAST
BIRTHDAY 30
(Year)(18) BIRTHPLACE
Edgefield Co. S. C.(19) OCCUPATION
Farmer(21) Number of children of this mother
now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Waley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Sauwara S. C.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 10 1925 (28) A. L. Holstein
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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THIS OTHER. No. 2. etc. In question 1.