

(1) PLACE OF BIRTH

County of Aiken
 Township of Wingaspine
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 68 For State Registrar Only

Registration District No. 202 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Emma Devore

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

(3) SEX OR
 SEXES yes (4) Twin
 or Triplet To be answered only in event of Twin or Triplet 10 (5) Are
 Birth yes (6) DATE OF
 BIRTH Jan. 21, 1923
 (Month of Birth) (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

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
Edgfield Co. S. C.(19) OCCUPATION
Farmer(20) Number of children born to
 mother, including present birth 10(21) Number of children of this mother
 now living, including present birth Ten

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

midwifeSauwara S. C.

Given name added from a supplemen-
 tal report

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

(27) Filed Feb. 10 1923 (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 IT
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.