

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Allegan</u>		STATE OF SOUTH CAROLINA		20777	
Township of <u>Wilson</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <u>465</u>		Registered No.	
City of		(No. St.; Ward)		(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 <u>Pauline Devoe</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>10th</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 7</u> 19 <u>21</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Andrew Devoe</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Brooks</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barton S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>43</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>		
(12) BIRTHPLACE <u>Barnwell County</u>			(18) BIRTHPLACE <u>Hampton County</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10.9</u> A.M., on the date above stated. (Born <u>Alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mentie Devoe</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Buray, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>J. B. Devoe</u>		
			(Signature of witness necessary only when question 23 is signed by)		
19 <u>21</u>			(27) Filed <u>July 14</u> 19 <u>21</u>		
Registrar			(28) <u>J. B. Devoe</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.					

MEGAW OF COLUMBIA, COLUMBIA, N. C.