

VERY IMPORTANT. WHEN UNPAID FOR THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. IN QUESTION 6. SIGNATURE OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Georgetown

Township of St. James

or Inc. Town of Palmetto

or City of Palmetto

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18685

Registration District No. 2103 Registered No. 113
(For use of Local Registrar)

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

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 18, 1922
(Month) (Day) (Year)

FATHER.
8. FULL NAME Walter Degeard
9. PRESENT POSTOFFICE OF FATHER Palmetto, S.C.
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 21 (Year)
12. BIRTHPLACE Georgetown, S.C.
13. OCCUPATION Farmer
14. Number of children born to mother, including present birth 2

MOTHER.
14. NAME BEFORE MARRIAGE Barb. Madison
15. PRESENT POSTOFFICE OF MOTHER Palmetto, S.C.
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 18 (Year)
18. BIRTHPLACE Williamston, S.C.
19. OCCUPATION Domestic
20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Degeard (24) State whether Physician or Midwife (25) Address of Physician or Midwife Palmetto, S.C.

Given name added from a supplemental report
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/20 (28) W. B. Bille 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 ninth month of pregnancy.