

County of DeKalb
Township of Pennettaville
or
Inc. Town of.....
or
City of

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

39398

Registered No. 62.....
(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 Sarah / Ruth ----- { If child is not yet named, make supplemental report as directed }

3) BOY OR GIRL *Girl* 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? *Yes* 7) DATE OF BIRTH *10-20-72*
(Name of Month) (Day) (Year)

3) FULL NAME Frank Deesh
PRESENT POSTOFFICE OF FATHER Permittsville, St.

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *48* (Years)

72 BIRTHPLACE *Malboro Co, N.C.*

13. OCCUPATION
Farmer

29) Number of children born to mother, including present birth: 1

(14) NAME BEFORE MARRIAGE Lily Black

(15) PRESENT POSTOFFICE OF MOTHER Permettville, N.C.

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *33*
(Year)

(18) BIRTHPLACE Marlow Co. Md.

(19) OCCUPATION
Housewife

(21) Number of children of this mother now living, including present birth: 5

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

| | |
|---|--------------------------------------|
| (23) (Signature) <i>John A. ...</i> | (25) Address of Physician or Midwife |
| (24) State whether Physician or Midwife | |

Given name added from a supplement-
tal report

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

(27) Filed Nov 27 1922 (28) Wm J. O'Kane Local Registrar.

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.