

PLACE OF BIRTH

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 31E

FILE No.—For State Registrar Only

9807-aRegistered No. 42

(For use of Local Registrar)

No. _____ St. _____ Ward _____

(If birth occurs in hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD: Virginia Decker (If child is not yet named, make supplemental report as directed.)

1. Sex of Child <u>Girl</u>	2. If Plural Births <u>1</u>	3. Twin, triplet, or other <u>1</u>	4. Number, in order of birth <u>2</u>	5. Premature <u>Full term</u>	6. Legitimate <u>yes</u>	7. Date of birth <u>April 15</u> 19 <u>22</u> (month, day, year)
FATHER <u>Arthur B. Decker</u> Residence (usual place of abode) <u>Pager 5</u> If non-resident, give place and State				MOTHER <u>Abie J. Decker</u> Residence (usual place of abode) <u>Pager 5</u> If non-resident, give place and State		
8. Color or race <u>White</u>	9. Age at last birthday <u>29</u> (Years)	10. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	12. Birthplace (city or place) <u>Brownville S.C.</u> (State or country)		
13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>				14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u>		
15. Industry or business in which work was done, as silk mill, lawyer's office, etc. <u>—</u>				16. Industry or business in which work was done, as silk mill, lawyer's office, etc. <u>—</u>		
17. Date (month and year) last engaged in this work <u>—</u>				18. Total time (years) spent in this work <u>6</u>		
19. Date (month and year) last engaged in this work <u>—</u>				20. Total time (years) spent in this work <u>all</u>		

Number of children of this mother _____
Time of this birth and including this child (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
Stillborn, _____ months _____ weeks
Date of gestation _____ 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Name added from _____
Supplemental report _____

(Date of) _____

Registrar _____

(Signed) W. E. Dandy, M. D.

or _____, Midwife

Address Pager 5 816Filed 5/25/22 1922 Bull Bay Registrar