

THIS IS A PERMANENT RECORD.
TWIN 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	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		40998	
State Board of Health					
County of <u>Barnwell</u>		Registration District No. <u>511</u>		Registered No. <u>12</u>	
Township of <u>Beaufort</u>				(For use of Local Registrar)	
Inc. Town of					
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 <u>Norold Benjamin Decker</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23</u> 19 <u>22</u>	
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Judge D. Decker</u>		(14) NAME BEFORE MARRIAGE <u>Margie Waeber</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Heelston S.C. R #2</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Heelston S.C. R #2</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>46</u>		(17) AGE AT LAST BIRTHDAY <u>43</u>	
(12) BIRTHPLACE <u>SC</u>				(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>12</u>				(21) Number of children of this mother now living, including present birth <u>8</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 P.</u> M., on the date above stated. (Normal alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Eliza A. Dorch</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Heelston S.C.</u>					
Given name added from a supplemental report		(26) Witness <u>J. Dicks</u>			
..... 19		(Signature of Witness necessary only when question 23 is signed by mark)			
Registrar		(27) Filed <u>Dec 27</u> 19		(28) <u>J. H. Johnson</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.