

(1) PLACE OF BIRTH

County *Greenville*Township of *Greenville*City of *Greenville*

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11327

Registration District No. *2209A* Registered No. *111*

(For use of Local Registrar)

(2) Full Name of Child *M. M. N. Decker*(3) Sex *Male* (4) Twin or 1st let? *X* (5) Number in order of birth *1* (6) Was married? *X* (7) DATE OF BIRTH *July 13 1917* (8) (Name) (Month) (Day) (Year)FATHER *Chas E Decker* MOTHER *Wanda S. Decker*(9) FULL NAME *Chas E Decker* (10) NAME BEFORE MARRIAGE *Wanda S. Decker*(11) PRESENT POSTOFFICE OF FATHER *Musta S. Decker* (12) PRESENT POSTOFFICE OF MOTHER *Musta S. Decker*(13) COLOR OR RACE *White* (14) AGE AT LAST BIRTHDAY *16* (15) COLOR OR RACE *White* (16) AGE AT LAST BIRTHDAY *18*(17) BIRTHPLACE *North Carolina* (18) BIRTHPLACE *North Carolina*(19) OCCUPATION *Electrician* (20) OCCUPATION *Domestic*(21) Number of children born to mother, including present birth *2* (22) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife *Physician* (25) Signature of Physician or Midwife *Wanda S. Decker*Given name added from a supplemental report *1917*(26) Signature of Witness necessary only when position 23 is signed by mark *Wanda S. Decker*(27) Registrar *Wanda S. Decker* (28) Local Registrar *Wanda S. Decker*

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.

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