

## (1) PLACE OF BIRTH

County of NewberryTownship of No. 1or  
Inc. Town of .....

City of .....

(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

39505

Registration District No. 3409 Registered No. 74  
(For use of Local Registrar)City of Oakland Mills St. .... Ward) .....(2) Full Name of Child David May Brockey 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 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH 1/12/1922  
(Name of Month) (Day) (Year)FATHER: (8) FULL NAME Chas. A. Decker (14) NAME BEFORE MARRIAGE Walter D. Wickam(9) PRESENT POSTOFFICE OF FATHER St. Johns, S. C. (15) PRESENT POSTOFFICE OF MOTHER St. Johns, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Years) (Years)(12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.(13) OCCUPATION Mill Operator (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Decker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Johns, S. C.

Given name added from a supplemental report

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

(27) Filed Dec 8, 1922 (28) D. D. Cunningham 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.

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