

(1) PLACE OF BIRTH

County of Orangeburg
 Township of
 or
 Inc. Town of Branchville
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35896

Registration District No. 3601Registered No. 67
(For use of Local Registrar)

(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 Marion Leason Metts (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME P. P. Metts

(9) PRESENT POSTOFFICE OF FATHER Branchville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Sarah Williams

(15) PRESENT POSTOFFICE OF MOTHER Branchville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs M R Eard (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 9 1922 (28) Preston A. H. 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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