

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of <u>Irmo</u> or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Registration District No. <u>3802</u> Registered No. _____ (For use of Local Registrar)		22 049496 FILE No.—For State Registrar Only 02315	
2. FULL NAME OF CHILD <u>Howard Metts</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number)		St. _____ Ward _____ (If child is not yet named, make supplemental report as directed.)			
3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other births _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Jan. 15</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Joseph Eusebius Metts</u> FATHER			18. Name before marriage <u>Leah Bell E. Leager</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Irmo, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Irmo, S.C.</u>		
11. Color or race <u>white</u>		12. Age at child's birth <u>32</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) (State or country) <u>Irmo, S.C.</u>		21. Age at child's birth <u>27</u> (years)		22. Birthplace (city or place) (State or country) <u>Irmo, S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year last) engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>14 1/2</u>			26. Total time (years) spent in this work <u>7 1/2</u>		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated. (Born alive or stillborn)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
Given name added from a supplementary report _____ (Date of) _____			(Signed) <u>M. B. Woodward, M.D.</u> Parent or _____, Guardian		
Address _____			Address _____		
Filed <u>10/21/41</u> , 19 <u>M. B. Woodward, M.D.</u>			Registrar.		