

(1) PLACE OF BIRTH

County of *Wade*Township of *Wade*

or

Inc. Town of

or

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

Registration District No. *4301*

File No.—For State Registrar Only

30470

Registered No. *108*

(For use of Local Registrar)

(2) Full Name of Child

Walter Mether

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>20</i>	(6) Are Parents Married <i>No</i>	(7) DATE OF BIRTH <i>Sept 18 23</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Not known</i>	(14) NAME BEFORE MARRIAGE <i>Anna Mether</i>	(15) PRESENT POSTOFFICE OF FATHER <i>now</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>Greenville S.C.</i>
(9) PRESENT POSTOFFICE OF FATHER <i>now</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)	(10) COLOR OR RACE <i>Negro</i>	(18) COLOR OR RACE <i>Negro</i>
(11) AGE AT LAST BIRTHDAY <i>—</i> (Years)	(19) BIRTHPLACE <i>SC</i>	(12) BIRTHPLACE <i>now</i>	(20) OCCUPATION <i>Common Laborer</i>
(13) OCCUPATION <i>now</i>	(21) Number of children of this mother now living, including present birth <i>1</i>	(20) Number of children born to mother, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. W. M. Bryan*(24) State whether Physician or Midwife *M.D.*(25) Address of Physician or Midwife *Greenville 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 *Sept 26 23*(28) *10 23*

(29)

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.