

(1) PLACE OF BIRTH

County of *Lexington*Township of *Carpenter*

or

Inc. Town of

or

City of *McBroom*

(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

33025

Registration District No. *3105*Registered No. *104*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>Boy</i>	(4) Type of Infant <i>One</i> To be answered only in case of Twins or Triplets	(5) Number in order of birth <i>Three</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>July 22, 1923</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>W. Earnest Metter</i>			(14) NAME BEFORE MARRIAGE <i>Mattie Shell</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>McBroomland SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>McBroomland</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>36</i> (Years)	
(12) BIRTHPLACE <i>McBroom SC</i>			(18) BIRTHPLACE <i>Lexington SC</i>	
(13) OCCUPATION <i>Textile</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>Three</i>			(21) Number of children of this mother now living, including present birth <i>Three</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. A. Durr*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *C-510* 1923 *23* *J. P. Lyber* Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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