

(1) PLACE OF BIRTH

County of Laurens
 Township of Jacks
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30974

Registration District No. 2903Registered No. 39
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francine Metts

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

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Cilvester metts

(9) PRESENT POSTOFFICE OF FATHER

Clinton

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE

Farming

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Alma James

(15) PRESENT POSTOFFICE OF MOTHER

Clinton

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

One

(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 Sept. 6 at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife mandana Young

(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 Sept 12, 1922(28) 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.