

No. 3.

(1) PLACE OF BIRTH

County of AndersonTownship of Yorkor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 304

File No.—For State Registrar Only

6454Registered No. 36
(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 Bransel Leon Metz 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Magnus Metz(9) PRESENT POSTOFFICE OF FATHER Lorainville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Newberg CO SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Albena Bowie(15) PRESENT POSTOFFICE OF MOTHER Lorainville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Acme CO SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Dobson

(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 Oct 18 1922 (28) J. T. Hallaway 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.