

(1) PLACE OF BIRTH

County of Union
 Township of Santuch
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

87726

(2) Full Name of Child.....

Imez Jeter

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 Nov. 16 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Davis Jeter
 (9) PRESENT POSTOFFICE OF FATHER Santuch S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Labourer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Estella Booker
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY not known (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House & Farm Work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Jeter
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Santuch S.C.

Given name added from a supplemental report

affid
7/14/1917 191.....
M. B. Woodward, M.D.
 Registrar

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

(27) Filed 10/29 1916 (28) R. B. Jeter, Jr.
 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

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