

## (1) PLACE OF BIRTH

County of UnionTownship of Santuchor  
Inc. Town ofor  
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

File No.—For State Registrar Only

87726

Registration District No. 45-06Registered No. 18

(For use of Local Registrar)

(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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 16

(Name or Month) (Day) (Year)

## FATHER.

(8) FULL NAME David Davis Jeter(9) PRESENT POSTOFFICE OF FATHER Santuch SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Estella (Brooker)

(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 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

(25) Address of Physician or Midwife Santuch SC

Given name added from a supplemental report

(26) Witness David Jeter

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

7/14/1929 191...  
M. B. Woodward Registrar(27) Filed 10/29191... 6

(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.

m. 4