

# CERTIFICATE OF BIRTH

PLANS OF NORTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

40000

Place of Birth  
City of  
County of  
State of

Registration District No. 2401

Registered No. 91  
(For use of Local Registrar)

City of (No. of Ward)  
(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

Full Name of Child: Home Patricia J. Jeter  
(If child is not yet named, make supplemental report as directed)

Sex: Male (M) or Female (F)  
Date of Birth: Dec 4 1923  
(Month of Birth) (Day) (Year)

FATHER:  
Full Name: Wilbur Eugene Jeter  
Surname: Jeter  
Color: White  
Age at Last Birthday: 45  
Occupation: Thinning  
Number of children born to mother, including present birth: 5

MOTHER:  
Full Name: Marie Sue Jeter  
Surname: Jeter  
Color: White  
Age at Last Birthday: 44  
Occupation: Housewife  
Number of children of this mother now living, including present birth: 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child on the date above stated.

(28) (Signature) *Garnett Jeter*  
(29) State whether Physician or Midwife  
(30) Address of Physician or Midwife

Given name added from a supplemental report  
19  
Registrar

(31) Witness (Signature of witness necessary only when question 28 is signed by mother)  
(32) Filed 12/1 23  
(33) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.