

(1) PLACE OF BIRTH

County of Nash
 Township of North
 or
 Inc. Town of Wilmington
 or
 City of Wilmington

CERTIFICATE OF BIRTH

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

No. 10.—For this Register only

1880

Registration District No. 3402 Registered No. 8
 (For use of Local Registrar)

City of Wilmington (No. 4 St. 8)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sallie Jeter (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER Girl (4) Time of Birth 4:40 (5) Date of Birth Feb 19, 23
 To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(6) FULL NAME <u>Robin Jeter</u>	(14) NAME BEFORE MARRIAGE <u>Swanne - Oakland</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Wilmington, SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Wilmington, SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(14) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>Wilmington, SC</u>	(15) OCCUPATION <u>Public Works</u>	(16) BIRTHPLACE <u>Wilmington, SC</u>	(18) OCCUPATION <u>Barmaid</u>
(13) Number of children born to mother, including present birth <u>2</u>	(19) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Sallie Jeter, at 8:30 M.,
 on the date above stated. (Surviving or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Mattie Jeter (22) Address of Physician or Midwife
 (23) State whether Midwife Wilmington, SC

Given under my hand and seal of office this 24 day of Feb, 1923.
 (Signature of Witness necessary only when question is signed by mark)
P. M. Jeter
 Local Registrar
 (24) Signature of Registrar, etc. should make this return.
 No report is desired of stillbirths.