

## 1. PLACE OF BIRTH

County of WayneTownship of High Dam

or

Inc. Town of Bayville

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

32562-a

Registration District No. 4203Registered No. 30

(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

William Jeter

{ If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL

Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

Sept. 281922

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

William Jeter

9. PRESENT POSTOFFICE OF FATHER

Bayville, S.C.

10. COLOR OR RACE

Black

11. AGE AT LAST BIRTHDAY

37

(Years)

12. BIRTHPLACE

Bayville, S.C.

13. OCCUPATION

Farming

22. Number of children born to mother, including present birth

2

## MOTHER

14. NAME BEFORE MARRIAGE

Bessie Coleman

15. PRESENT POSTOFFICE OF MOTHER

Bayville, S.C.

16. COLOR OR RACE

Black

17. AGE AT LAST BIRTHDAY

30

(Years)

18. BIRTHPLACE

Bayville, S.C.

19. OCCUPATION

Farming

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 \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

MidwifeBayville, S.C.

Given name added from a supplemental report

19

26. Witness

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

27. Filed

19

28.

Local Registrar

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.