

MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK in question 5.  
 FORM NO. 10. of Columbia S. C.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**44882**

(1) PLACE OF BIRTH  
 County of Lexington  
 Township of Highland  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... of same instead of street and number.) St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of .....  
 Registration District No. H-203 Registered No. 46  
 (For use of Local Registrar)

(2) Full Name of Child James Everett 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 1 1915  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Andrew Jeter  
 (9) PRESENT POSTOFFICE OF FATHER Carlisle  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marie Jeter  
 (15) PRESENT POSTOFFICE OF MOTHER Carlisle  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 16 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) .....  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report ..... 191.....  
 Registrar .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Filed Dec 1 1915 (28) ..... 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. Local Registrar.

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