

MARGIN RESERVED FOR BINDING. WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of UnionTownship of High Dam

Inc. Town of

City of

(No. _____ St.; _____ Ward)
 (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

53982

Registration District No. 4203 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

Ladie Dale Pearl Jeter If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or triplet? No(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 7 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edes Jeter(9) PRESENT POSTOFFICE OF FATHER Charleste(10) COLOR OR RACE Bk (11) AGE AT LAST BIRTHDAY 36
 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Henderson(15) PRESENT POSTOFFICE OF MOTHER Charleste(16) COLOR OR RACE Bk (17) AGE AT LAST BIRTHDAY 27
 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 7:00 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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Apr 1 1916

(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.

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