

## (1) PLACE OF BIRTH

County of Union  
 Township of Santuck

Inc. Town of ..... or .....  
 City of ..... (No. ....) .....  
 (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  
**75046**

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug, 20, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Giles Peak  
 (9) PRESENT POSTOFFICE OF FATHER Santuck S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Santuck S.C.  
 (13) OCCUPATION Farm Labourer  
 (20) Number of children born to mother, including present birth { ..... 4 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Augusta Ann Jeter  
 (15) PRESENT POSTOFFICE OF MOTHER Santuck S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Santuck S.C.  
 (19) OCCUPATION House & Farm Work  
 (21) Number of children of this mother now living, including present birth { ..... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... 8 ..... P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. Jeter  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Santuck, S.C.

Given name added from a supplemental report

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

(27) Filed Aug 24 1916 (28) R. B. Jeter Jr. 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.

MARGIN RESERVED FOR BINDING.

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.