

County of Alameda  
Township of Pacifica  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
32309

Registered No. 112  
(For use of Local Registrar)

City of ..... (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 Jane Jeter - If child is not yet named, make supplemental report as directed.

7) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? <i>No</i>	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>9 18 22</i> (Name of Month) (Day) (Year)
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## FATHER

8) FULL NAME James Walter

9) PRESENT  
POSTOFFICE  
OF FATHER *Racolt*

(10) COLOR OR RACE *CH* (11) AGE AT LAST BIRTHDAY *21*

12: BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth 1 2

**MOTHER**

(14) NAME BEFORE MARRIAGE *Lester, M. C. Bell*

(15) PRESENT POSTOFFICE OF MOTHER *Pacohit*

(16) COLOR OR RACE *Cp* (17) AGE AT LAST BIRTHDAY *19*

(18) BIRTHPLACE

(19) OCCUPATION

(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 \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Day, City or Village) (Hour A. M. or P. M.)

(23) (Signature) Mark A. Green  
(24) State whether Physician or Midwife ☒ (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness B. J. [illegible]  
(Signature of Witness necessary only  
when question 33 is signed by mark)

(27) Filed 9-28-19 (28) 11-2-19 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.