

(1) PLACE OF BIRTH

County of York
Township of Rosetree
OF
Inc. Town of Rosetree
OF
City of York

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

No. for State Registrar Only

5400

Registration District No. 44B Registered No. 32
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child MARY MILLER JETER If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 3rd (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 17, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edwin R. Jeter

(9) PRESENT POSTOFFICE OF FATHER Rosetree SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Insurance agent

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Roddy Miles

(15) PRESENT POSTOFFICE OF MOTHER Rosetree SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 12:30 M., on the date above stated. Hour M. or P. M.)

(22) (Signature) [Signature]

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

Given name added from a supplemental report
see Affidavit
9/25/44 L. A. R.
Registrar

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

(27) Filed 7/18/23 (26) [Signature] 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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