

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

12085

County of SpitgTownship of Clinton Springs

or

Inc. Town of

or

City of

Registration District No. 4005Registered No. 31

(For use of Local Registrar)

(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 Emma Sue Jeter

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

Apr 15, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Andrew Jeter9) PRESENT POSTOFFICE OF FATHER Pauline & C10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 37
(Year)12) BIRTHPLACE SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bell Nash(15) PRESENT POSTOFFICE OF MOTHER Pauline & C(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 2:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Walter Carroll(24) State whether Physician or Midwife Mid(25) Signature of Physician or Midwife Pauline & C

Given name added from a supplemental report

(26) Witness J. C. White

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

(27) Filed 4/25 1923(28) Mrs J. C. White Local Registrar19
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.