

CERTIFICATE OF BIRTH(1) PLACE OF BIRTH *Charleston* STATE OF SOUTH CAROLINA.County of *Charleston* Bureau of Vital Statistics.Township of *Christ Church* State Board of HealthInc. Town of *Danish* or Registration District No. *901* Registered No. *26*
(For use of Local Registrar)City of *Danish* (No. *901* St. *26* Ward *26*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Thomas Gutter* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 17* 191*6*
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME *Thomas Gutter*(9) PRESENT POSTOFFICE OF FATHER *Wt. Howard St.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *Bulwer-Flomation*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *6*MOTHER.
(14) NAME BEFORE MARRIAGE *Beter Gutter*(15) PRESENT POSTOFFICE OF MOTHER *Wt. Howard St.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *34* (Years)(18) BIRTHPLACE *Phillip Plantation*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *6***CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)*midwife*(23) (Signature) *James Miller*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *Sept 24* 191*6* (28) *James Miller* 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 PLAINLY, 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.

File No.—For State Registrar Only
76070