

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.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics.
 Township of Christ Church State Board of Health
 or
 Inc. Town of Danish Registration District No. 901 Registered No. 26
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76070

(2) Full Name of Child Thomas Gutter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 17 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas Gutter</u>	(14) NAME BEFORE MARRIAGE <u>Peter Gutter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wt. Howard St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dr. Church St.</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(12) BIRTHPLACE <u>Biliver-Plantation</u>	(18) BIRTHPLACE <u>Phillip Plantation</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			

(22) I hereby certify that I attended the birth of this child, who was alive at 4:19 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

midwife (23) (Signature) James Myers
 (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 1916 (28) James Myers 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.