

## (1) PLACE OF BIRTH

County of CharlestonTownship of James Islandor  
Inc. Town ofor  
City of Charleston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45645

Registration District No. 904 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Laura Gatherer

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 11, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Abraham Gatherer(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Gas. Island S.C.(13) OCCUPATION Field Hand.(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Henryetta Brismar(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Gas. Island S.C.(19) OCCUPATION Field hand.(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Abraham Gatherer

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

Given name added from a supplemental report

..... 191.....

J. C. Welch  
End Registrar(26) Witness Mrs. J. C. Welch  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7/15 1916. (28) Geo. R. Seabrook  
Legal Registrar.When there was no attending physician or midwife, then the father, householder, a child breathes even once, it must not be reported as stillborn. No report is  
fifth month of pregnancy

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