

## (1) PLACE OF BIRTH

County of Fairfield Co.  
Township of #9

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**64231**Inc. Town of ..... Registration District No. 1908 Registered No. 46  
(For use of Local Registrar)  
City of ..... (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 Daisy Gunthrop 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 X (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Gunthrop  
(9) PRESENT POSTOFFICE OF FATHER Rockton S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Fairfield Co  
(13) OCCUPATION Public work  
(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Manda Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Fairfield Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive At 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Moore  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

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

(27) Filed June 14, 1916 (28) D. C. Ruff 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