

(1) PLACE OF BIRTH

County of BarnwellTownship of WillistonInc. Town of Williston

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33208

Registration District No. 513Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Gasper Johnson Trotti Jr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gasper J. Trotti(9) PRESENT POSTOFFICE OF FATHER Williston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Williston, S.C.(13) OCCUPATION Dental surgeon(14) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Mary Parker(15) PRESENT POSTOFFICE OF MOTHER Williston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Preston, Md.(19) OCCUPATION Housewife(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 alive at 12:30 A.M. on the date above stated.
(Bare alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Bone(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Williston, S.C.

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 Oct 2 1922 (28) J. H. Johnson
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.

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Only

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M.,

P. M.)

Wife

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other

one

as

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

FORM NO. 2

SOUTH CAROLINA, DEPT. OF HEALTH

BUREAU OF VITAL STATISTICS

COLUMBIA, S. C.

MAY 1922