

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Yamouille

STATE OF SOUTH CAROLINA.

46365

Township of Yamouille

Bureau of Vital Statistics

State Board of Health

Inc. Town of ..... Registration District No. 2209

Registered No. 17  
(For use of Local Registrar)

City of Washington (No. Council St. South Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 16 1920  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. D. Gorrett

(14) NAME BEFORE MARRIAGE Elizabeth Bell

(9) PRESENT POSTOFFICE OF FATHER Yamouille

(15) PRESENT POSTOFFICE OF MOTHER Yamouille

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Anderson S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Geo. W. W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Yamouille 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 Jan 20 1916 (28) A. D. Mackay 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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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