

## (1) PLACE OF BIRTH

County of Tamworth  
 Township of .....  
 Inc. Town of Ne. 2  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Only

24312

Registration District No. 194Registered No. 48  
(For use of Local Registrar)

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

## (2) Full Name of Child

John Clayton Johnston

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

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. Sex Male 7. DATE OF BIRTH Aug 23 1923  
 (Month) (Day) (Year)

## FATHER.

8. FULL NAME Bernard Johnston9. PRESENT POSTOFFICE OF FATHER Wardlaw SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 34 Years12. BIRTHPLACE SC13. OCCUPATION Farmer14. Number of children born to mother, including present birth Two

## MOTHER.

15. NAME BEFORE MARRIAGE Miss Morrison16. PRESENT POSTOFFICE OF MOTHER Wardlaw SC17. COLOR OR RACE White 18. AGE AT LAST BIRTHDAY 36 Years19. BIRTHPLACE SC20. OCCUPATION Teacher21. Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Albino at 5:45 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. A. Blainie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wardlaw SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 29, 1923 (28) W. A. Blainie 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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W. A. Blainie