

(1) PLACE OF BIRTH

County of Fairfield
Township of
OF
Inc. Town of None
OF
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

24312

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

(2) Full Name of Child

John Clayton Johnston

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

1. BOY OR GIRL Boy 2. Sex of Child To be answered only in event of Twins or Triplets 3. Number in order of birth 4. Are Birth Records Yes 5. DATE OF BIRTH Aug 27, 1923
(Month) (Day) (Year)

FATHER.

6. FULL NAME Bernard Johnston

7. PRESENT POSTOFFICE OF FATHER Washburn SC

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

12. BIRTHPLACE SC

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth Two

MOTHER.

16. NAME BEFORE MARRIAGE Miss Morrison

18. PRESENT POSTOFFICE OF MOTHER Washburn SC

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 36
(Year)

18. BIRTHPLACE SC

19. OCCUPATION Teacher

20. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

24. (Signature) [Signature] 25. State whether Physician or Midwife Physician 26. Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

29. Filed Aug 29, 1923 at 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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