

## 1) PLACE OF BIRTH

County of Richmond  
 Township of Suburban  
 or  
 Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

26877

Registration District No. 21Registered No. 12  
(For use of Local Registrar)

(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 Barrie Johnson Jr.

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

BOY OR GIRL Boy (4) Type or Name Boy (5) Number or order of birth 1 (6) Sex Male (7) DATE OF BIRTH Sept 17, 1923

FATHER  
 FULL NAME Craig J. Thorne  
 PRESENT POSTOFFICE OF FATHER Ellenton SC  
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3  
 BIRTHPLACE Parkers Ga  
 OCCUPATION Black  
 Number of children born to mother, including present birth Four

MOTHER  
 (14) NAME BEFORE MARRIAGE Rena Thorne  
 (15) PRESENT POSTOFFICE OF MOTHER Ellenton SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Parkers Ga  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

3) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) W. D. Bell  
 (23) State whether Physician or Midwife (24) (Signature of Physician or Midwife) Bell

4) Give name added from a supplemental report

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

(26) Filed ..... (27) 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.