

## (1) PLACE OF BIRTH

County of *Instantaneous*Township of *Instantaneous*or  
Inc. Town of .....

City of .....

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

Registration District No. *44 P. 4. 45*

No. *67* — For State Registrar Only  
**30202**

Registered No. *67*.....  
(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 *Adrian 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) Age Parents Married *26* (7) DATE OF BIRTH *Sept 13 1923*  
 To be answered only in case of Twin or Triplet (Name) (Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Adrian Johnston*  
 (9) PRESENT POSTOFFICE OF FATHER *Instantaneous*  
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26*  
 (12) BIRTHPLACE *Instantaneous*  
 (13) OCCUPATION *Teacher*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Magnum Bush*  
 (15) PRESENT POSTOFFICE OF MOTHER *Instantaneous*  
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24*  
 (18) BIRTHPLACE *Instantaneous*  
 (19) OCCUPATION *Teacher*  
 (20) Number of children of this mother now living, including present birth *1*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Instantaneous*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Instantaneous*

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

19 *23* (28) *Instantaneous* 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.