

16 093605

Standard Certificate of Birth

FILE No. For State Registrar Only
03880

1. PLACE OF BIRTH
 County of Florence
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 2018
 Registered No. _____
 (For use of Local Registrar)
 Township of Johns
 or
 Inc. Town of Johns
 or
 City of Johns (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 Clarence O. Poston (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? 8. Date of birth 11-17- 1914
 (Month, day, year)

9. Full name D. Curtis Poston FATHER
 10. Residence (mailing address) Johns
 (If non-resident, give place and State) _____

18. Name before marriage Della Gaster MOTHER
 19. Residence (mailing address) Johns
 (If non-resident, give place and State) _____

11. Color or race White 12. Age at child's birth 26 (years)
 13. Birthplace (city or place) Johns S.C. (State or country) _____

20. Color or race _____ 21. Age at child's birth 34 (years)
 22. Birthplace (city or place) Johns S.C. (State or country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fanner
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
 OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
 OCCUPATION

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months/weeks) 29. Cause of stillbirth _____ (Before labor/During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Curtis Poston, Parent

Given name added from _____
 a supplementary report _____ (Date of)

or Johns Guardian

Address Johns S.C.

Filed July 3, 1942 M. B. Woodruff Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate.)