

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.)

1. PLACE OF BIRTH  
County of Florence  
Township of Johns  
or  
Inc. Town of Johns  
or  
City of Johns (No. 2018 St. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 2018

FILE No. For State Registrar Only  
03880

Registered No. 03880  
(For use of Local Registrar)

2. FULL NAME OF CHILD Clarence O. Poston  
(If child is not yet named, make supplemental report as directed)

3. Boy or Girl Girl 4. Twin, triplet or other None 5. Number, in order of birth 1 6. Premature None 7. Are Parents Married 8. Date of birth 11-17- 1914  
(Month, day, year)

9. Full name D. Curtis Poston FATHER 18. Name before marriage Della Gaster MOTHER

10. Residence (mailing address) Johns 19. Residence (mailing address) Johns  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 24 (years) 20. Color or race White 21. Age at child's birth 24 (years)

13. Birthplace (city or place) Johns S.C. 22. Birthplace (city or place) Johns S.C.  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teacher 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work 19 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, month None 29. Cause of stillbirth None  
period of gestation None weeks None Before labor None  
During labor None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at Johns 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 Johns Guardian  
a supplementary report Johns S.C.  
(Date of)

Filed July 3, 1942 m. B. W. W. W. W.  
Registrar. Registrar.