NEORMATION STA	Answer questions here
1. Surname	JOHNS GRANT DAVID In case of Twins, add "Elder (or Younger) of Twins"
3. Date of birth	17 5-2-140-14 1000
4. Place of birth	ASHFORD COMMUNITY HOSPITAL ANZAC HIGHWAY, ASHFORD (Exact address—include name of Hospital)
5. Sex	MALE
(Note that where the child is furnished and the fathe acknowledge paternity of t	is born outside marriage the information regarding the father need not be furnished. Where the information r does not sign the certificate at the foot of this form, the person named as the father will be invited to the child.)
1. Surname	JOHNS
2. Other name(s)	GRAHAM DOUGLAS
3. Date of birth	8.1.3.1.55. Age last birthday at birth of child
4. Place of birth	Town ADELAIDE State or Country SOUTH AUSTRALIA
5. Usual Occupation	FARM MANAGER
6. Usual residence	7 ASH COURT, HAPPY VALLEY 5159
1. Present surname	JOHNS
2. Other name(s)	and an artist the season and their borne Herman Harden and the American Light Community Control of
3. Maiden surname	LETHBRID GE
4. Former married surnames (if any	1
5. Date of birth	13 1 8 151 Age last birthday at birth of child
6. Place of birth	Town ASHFORD State or Country SOUTH AUSTRALIA
7. Usual occupation	CLERK
8. Usual residence	T ASH COURT, HAPPY VALLEY 5159
Marriage of Parents of Child  1. Date of marriage	5/1/77
2. Place of marriage	FERNILEE LODGE
	rriage only—no children of other marriages to be included. (Exclude adopted children).
(a) Living.—Full names and d	ates of birth of such other children as were alive at the date of birth of this child.

(b) Deceased.—Number of such children as were deceased at the date of birth of this child (exclude those not born alive or adopted) CERTIFICATION OF INFORMANT

	nat I have read the foregoing particular for the purpose of being inserted in the	s and that the inform register of births. I	nation is, to the best hereby authorize th	t of my knowledge and e Principal Registrar or
belief, correct to his officers to r	egister the birth accordingly.		2	AALD38
1113 0111	0-16-11	1	Sopta la	10.03

Signed by me this.

Relationship to child.

Signature of parent

Full address

COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS ON THE OTHER SIDE

MOTHER OF CHILD

PRESENT MARRIAGE

CERTIFICATION BY FATHER

POST CODE

I certify that I am the father of the child mentioned herein, that I have read the foregoing particulars and that the information is, to the best of my knowledge and belief, correct for the purpose of being inserted in the register of births. I authorize the Principal Registrar or his officers to register the birth accordingly.

Signed by me this

day of.

19

Signature of father

signed by the father if he wishes to have his name entered on the birth registration. In such event the surname of the child may be the same as the father, or the mother or a combination of both surnames.

7. Legitimation

Registrar.

1. Registration is Compulsory

for the registration of the birth.

2. Late Registration

duly stamped, or delivered to

4. Twin and Multiple Births

5. Children not Born Alive

In the case of a child not born in lawful marriage and where the parents subsequently inter-marry, it is their duty to take action immediately after the marriage to re-register the birth as the lawful issue of the marriage. Details regarding the necessary procedure can be obtained from the office of the Principal Registrar.

rorm 5	BIRTHS, DEATHS AND	MARRIAGES REC	SISTRATION ACT, 1966-1980	Section 20 (1)
	DECLARATION TO BE	MADE ON LAT	E REGISTRATION OF BIRT	н
I		16 (2)	of	
do solemnly and	d sincerely declare that a	(male or femal	e) child was born at	
on the da	y ofaid birth are the true particula	rs of the birth.	and that the particulars now furn	ished for the regis-
And I make of the Oaths Ac	e this solemn declaration const	cientiously believing	the same to be true and by virtu	e of the provisions
Declared a before me	at	thisda	y of	

Justice of the Peace

## STATE RECORDS

of South Australia

## Certification of this copy

In accordance with Section 30 of the *State Records Act 1997* ('Evidentiary Provisions'), I certify that this is an accurate copy of the following official record in the custody of State Records of South Australia.

Series and title: GRS 3732

Consignment: 1

**Unit:** 172

Item: Volume 577C

Certificate: 14439 - Grant David Johns

Delegate of the Manager [Director] of State Records:

Name: Emma Clarke

Title: Team Leader, Collection and Retrieval

Signature:

Date: 30 August 2024

Section 30 of the State Records Act 1997 – 'Evidentiary provisions':

(1) An official record produced from State Records will have the same evidentiary value as if it were produced from the agency from which it was obtained.

(2) An apparently genuine document purporting to be a copy, or to state the contents, of an official record in the custody of State Records and to be certified by the Manager as an accurate copy, or statement of the contents, of the record will be accepted in any legal proceedings, in the absence of proof to the contrary, as proof of the contents of that record.

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