

FORM NO. 2

(1) PLACE OF BIRTH

County of York

Township of York

Inc. of Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43336

(2) Full Name of Child James J. Johnson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James J. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Hampton 36

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Hampton 36

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

James J. Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Hampton 36

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Hampton 36

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Hampton 36

Given name added from a supplemental report

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

(27) Filed 1/1/25 (28) L. L. Johnson 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., in question 5.