FORM NO. 2

(1) PLACE OF BIRTH

County of Edgefield

Township of Johnston

or

Inc. Town of ..... Registration District No. 1817 Registered No. 78

or

City of ..... (No. ..... St.; ..... Ward)

(For use of Local Registrar)

(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
40102

(2) Full Name of Child Willie Junior Hart

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? one	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec. 1 23 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Willie Hart	(14) NAME BEFORE MARRIAGE Allie Torrey
(9) PRESENT POSTOFFICE OF FATHER Johnston	(15) PRESENT POSTOFFICE OF MOTHER Johnston
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 96 (Years)
(12) BIRTHPLACE Johnston	(18) BIRTHPLACE Johnston
(13) OCCUPATION Farming	(19) OCCUPATION Cooking
(20) Number of children born to mother, including present birth Six	(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Signer Hammond

(24) State whether Physician or Midwife Mid-wife

(25) Address of Physician or Midwife Johnston S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness .....

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

(27) Filed Dec 9 1923 (28) [illegible] 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.

WHITE 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, THE OTHER, No. 2, etc., in question 5.