

(1) PLACE OF BIRTH

County of Allendale

Township of

Inc. 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

19702

Registration District No. 4600Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child

Leaphone Johnson(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 4 1923
To be covered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME Leaphone Johnson(9) PRESENT RESIDENCE OF FATHER Allendale S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Labor(20) Number of children born to mother, including present birth 2

MOTHER.

(14) FULL NAME Leaphone Jones(15) PRESENT RESIDENCE OF MOTHER Allendale S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Labor(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harmon A. Fuller(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness F. H. Boyd M.D.
(Signature of Witness necessary only when question 23 is signed by nurse)(27) Filed July 8 1923 (28) F. H. Boyd M.D. 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.