

## (1) PLACE OF BIRTH

County of allendale

Township of .....

or  
Inc. Town of .....or  
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 HealthRegistration District No. 4600

File No. — For State Registrar Only

19706

Registered No. 74  
(For use of Local Registrar)(2) Full Name of Child Myrtis Bontton Johnson(3) BOY OR  
GIRL girl(4) Twin  
or Triplet(5) Number in  
order of birth  
To be covered only in event of Twin or Triplet(6) Are  
Parents  
Married yesDATE OF  
BIRTH July 13, 23  
(Name of Month) (Day) (Year)(8) FULL  
NAMEMamie Johnson(9) PRESENT  
POSTOFFICE  
OF FATHERallendale SC(10) COLOR  
OR  
RACE negro(11) AGE AT LAST  
BIRTHDAY 20  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Labor(20) Number of children born to  
mother, including present birth1(14) NAME BEFORE  
MARRIAGEMyrtis Bontton(15) PRESENT  
POSTOFFICE  
OF MOTHERallendale SC(16) COLOR  
OR  
RACE negro(17) AGE AT LAST  
BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farm Labor(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) L. H. Boyd MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mother)(27) Filed July 13, 23(28) L. H. Boyd MD  
Local RegistrarWhen there was an 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.