

6/10/41

16 092847

1. PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town ofor
City of Aiken

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-a Registered No.

(For use of Local Registrar)

(No. 1300 Richland Ave. St. Ward)2. FULL NAME OF CHILD Reed Poindexter Johnson

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

3. Boy or Girl <u>boy</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term <u>X</u>	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>April 19, 1916</u> (Month, day, year)
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9. Full name
FATHER
Charles Catlett Johnson10. Residence (mailing address)
(If non-resident, give place and State) Aiken, S.C.11. Color or race Negro 12. Age at last birthday 53 (years)13. Birthplace (city or place, State or country) Orange Co., Virginia14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Medical Doctor15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year last)
engaged in this work
April 19, 191617. Total time (years)
spent in this work 27 yrs18. Name before
MOTHER
Cecelia Elizabeth Ladeveze19. Residence (mailing address)
(If non-resident, give place and State) Aiken, S.C.20. Color or race Negro 21. Age at last birthday 40 (years)22. Birthplace (city or place, State or country) Augusta, Ga.23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Housekeeper work24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home25. Date (month and year last)
engaged in this work
April 19, 191626. Total time (years)
spent in this work 1227. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living seven (b) Born alive but now dead..... (c) Stillborn.....28. If stillborn, months
period of gestation..... weeks 29. Cause of stillbirth.....
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P.m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 4 P.M. on above date. Silver Nitrate
(Name of Prophylactic)Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplementary report.....
(Date of)(Signed) M. B. Woodward, M. D.

or....., Midwife

Address 1300 Richland Ave. St.Filed 6/26/41, 19 M. B. Woodward, M. D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)