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FILE No.—For State Registrar Only
00509U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Birth

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____or
City of Columbia

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

(No. 15-15-1 Hugan St.; _____Registered No. _____
(For use of Local Registrar)

_____ 2 _____ Ward)

2. FULL NAME OF CHILD

Odell Johnson{ If child is not yet named, make
supplemental report as directed3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature 7. Are Parents Married? yes 8. Date of birth 4/21 1922
(Month, day, year)9. Full name William Johnson FATHER
10. Residence (mailing address) 1614 Carolina Court
(If non-resident, give place and State) Columbia, S.C.18. Name before marriage Oral Lee Williams MOTHER
19. Residence (mailing address) 1614 Carolina Court
(If non-resident, give place and State) Columbia, S.C.11. Color or race Negro 12. Age at child's birth 3.9 (years)
13. Birthplace (city or place) Columbia, S.C.
(State or country)20. Color or race Negro 21. Age at child's birth 28 (years)
22. Birthplace (city or place) Columbia, S.C.
(State or country)14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Barber Shop
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2
Before labor
During labor

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.(Signed) William Johnson, Parent
or _____, GuardianGiven name added from
a supplementary report _____
(Date of) _____Address 1614 Carolina Court
Filed 11/1/45 1945 _____
Registrar. 19

Registrar.

MARGIN RESERVED FOR BINDING

RECORD

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 each, in order of birth, stated.

(See Instructions on Back of Certificate.)

10/2/45
revised.
2 Feb
and